Estradiol-based gender-affirming hormonal therapy consent form

The informed consent model of care respects your fundamental human right to self-determination and bodily autonomy. This document relates to estradiol-based hormone therapy, which includes the hormone estradiol and testosterone blocking medications. The purpose of this document is to indicate, in writing, that you fully understand and consent to estradiol-based hormone therapy as part of a gender-affirmation process. Your provider will discuss with you all of the information relating to starting estradiol-based hormone therapy. In consultation with you, your provider will make a medical decision about which medications are best for you, keeping in mind your overall health during your gender- affirmation process. You are asked to read and understand the following information, and raise any questions you have with your provider.

I, <*Full name*>, in consultation with my provider <*Provider name*>, acknowledge that I have read and understood the following information, and I have been given sufficient opportunity to address all questions:

Tick the boxes to acknowledge you understand the following:

☐ I understand that there are permanent changes that can be expected while taking estradiol-based hormone therapy. I understand that these changes may be present for the rest of my life, even if I choose to stop treatment:

- Breast and nipple development
- Decreased testicular size
- Possible permanent infertility with long-term treatment

☐ I understand that there are reversible changes that can be expected while taking estradiol-based hormone therapy:

- Softening of skin
- Decreased muscle mass and increased body fat
- Slowed or stopped balding
- Slowed rate of growth of facial and body hair; however, existing body hair will not disappear
- Sexual function changes: decreased libido, reduced spontaneous morning erections, reduced ability to achieve or sustain an erection, reduced ability to ejaculate, reduced volume and changed consistency of ejaculatory fluid

☐ I understand that there are possible side effects of estradiol-based hormone therapy. Many of these side effects can be managed. If side effects occur, I will discuss the with my provider:

- Fatigue
- Headaches
- Nausea
- Fluid retention and bloating
- Breast and nipple tenderness
- Painful erections
- Shrinkage of genitals
- Emotional changes, moodiness and increased sensitivity, teariness, and possible exacerbation of pre-existing depression and anxiety

☐ I understand that there are potential risks of estradiol-based hormone therapy. I understand that research is ongoing to fully understand the extent and likelihood of these risks, and that some of the long term effects are not yet known. My provider will continue to monitor my health and address any issues if and when they develop:

- Increased risk of stroke
- Blood clots - deep vein thrombosis or potentially fatal pulmonary embolism
- Liver damage
- Reduced bone density and increased risk of osteoporosis
- Potentially increased risk of certain cancers, including breast cancer
- Increased risk of gastrointestinal bleeding (associated with spironolactone)
- Increased risk of certain types of benign brain tumours (rare, associated with cyproterone)

☐ I understand that estradiol-based hormone therapy affects everyone differently, and that there is no way to predict exactly how, or how much, my body will change, I also understand that some characteristics of my body will not change with estradiol-based hormone therapy.

☐ I understand that estradiol-based hormone therapy reduces fertility and risks permanent infertility with long term use. I have discussed my future fertility with my provider, and have been given the opportunity to delay starting estradiol-based hormone therapy until after I have stored sperm.

☐ I understand that estradiol-based hormone therapy does not guarantee infertility, and that contraception should be used to avoid unwanted pregnancy if I have sex with someone who could become pregnant.

☐ I understand that my sexual practices may evolve during my gender affirmation process, which could affect my risk of acquiring HIV or other sexually transmitted infections. I have been encouraged to discuss sexually transmitted infection prevention strategies with my GP to support my health and wellbeing.

☐ I understand that being on estradiol-based hormone therapy means that I will need to see my provider and have blood tests at regular intervals throughout my life. Appointments will be more frequent at first, and then every 6-12 months when my hormone levels are stable. I am ready to make this commitment to my health.

☐ I acknowledge that estradiol-based hormone therapy is only a part of my overall health, and that a range of preventative health activities are recommended so that I remain happy and healthy in my affirmed gender. These include but are not limited to:

- Regular breast self-examination. I should tell my provider if I discover any new lumps
- Regular breast mammograms from an appropriate age, in consultation with my provider
- Quitting smoking
- Staying up to date with immunisations
- Regular sexual health screening and HIV prevention, depending on my level of risk
- Regular physical activity, including resistance exercise for bone health
- Healthy eating

☐ I understand that I can choose to stop gender affirming hormone therapy at any time. If I choose to stop taking hormones, it is best that I do this in consultation with my provider, to ensure that I remain safe and healthy.

Name:
Signature:
Date: