



PATIENT I.D. DATA:

(Name, DOC#, DOB)

Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification

DATE	FACILITY
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Please initial that you understand and agree to each line item.

1. _____ I have participated in this process along with my mental health and medical providers.
2. _____ I agree that my questions and concerns have been adequately addressed and I understand the information provided.
3. _____ I have been given the opportunity to discuss the effects, risks, and possible adverse reactions of the use of hormones.
4. _____ I understand that individual patients respond differently to hormone treatment and it is not possible to predict exactly what effects treatment will have.
5. _____ I understand that effects of hormone treatment will occur gradually over months and years.
6. _____ I understand that some effects of hormonal treatment may not be completely reversible even if the hormonal treatment is discontinued.
7. _____ I understand that I can reduce risk of harmful effects of hormone treatment by not smoking, avoiding alcohol and illegal drug use, maintaining a healthy weight, and getting regular exercise.
8. _____ I understand that I can reduce the risk of harmful effects of hormonal treatment by working with my healthcare providers to manage my medical and mental health conditions and engage in evidence-based preventive health practices.
9. _____ I understand that I may choose to stop taking hormonal treatment at any time but that this should be done in consultation with my healthcare providers. I also understand that my prescribing provider can discontinue treatment for medical reasons.
10. _____ I agree to take hormonal treatment under the monitoring and guidance of a licensed DOC prescriber in accord with the DOC Evaluation and Management of Hormonal Treatment of Gender Dysphoria/ Transgender Identification Protocol.

For Male to Female Treatment:

1. _____ I understand that these effects of hormonal treatment might occur:
 - a. Breast enlargement
 - b. Redistribution of body fat in a more typically female pattern
 - c. Decreased upper body strength
 - d. Softening of skin, decreased body hair, slowing of loss of hair from scalp
 - e. Decreased testicular size
 - f. Decreased libido and erections
2. _____ I understand that estrogen treatment increases risk of harmful blood clots and may increase risk of heart disease or stroke.
3. _____ I understand that after several years of estrogen treatment risk of breast cancer will be closer to that of genetic women and preventive measures recommended for women will be recommended for me.
4. _____ I understand that estrogen treatment can aggravate migraine headache.

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



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- 5. _____ I understand that estrogen treatment may increase risk of liver disease, diabetes or depression.
- 6. _____ I understand that estrogen treatment may have other harmful effects that are not possible to predict in individual cases.

For Female to Male Treatment:

- 1. _____ I understand that these effects of hormonal treatment might occur:
 - a. Deepening of the voice
 - b. Increased oiliness of the skin and acne
 - c. Clitoral enlargement
 - d. Shrinkage of the breasts
 - e. Increased facial and body hair
 - f. Male pattern balding
 - g. Increased upper body strength
 - h. Decreased hip fat
 - i. Increased libido
- 2. _____ I understand that fertility might be diminished, possibly irreversibly; however fertility might also be maintained.
- 3. _____ I understand that testosterone treatment may increase risk of harmful blood clots and may increase risk of high blood pressure, heart disease, or stroke.
- 4. _____ I understand that testosterone treatment may cause worsening of breast or uterine cancer.
- 5. _____ I understand that testosterone treatment may increase risk of liver disease or diabetes.
- 6. _____ I understand that testosterone treatment may increase risk of depression or hostility and aggressive behavior.
- 7. _____ I understand that testosterone treatment may have other harmful effects that are not possible to predict in individual cases.

PATIENT SIGNATURE

NAME STAMP AND SIGNATURE OF PRACTITIONER RECEIVING CONSENT

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