Informed Consent
Estrogen Treatment

Estrogen treatment will cause some permanent and many reversible changes in your body. Some of these changes you may want (like breast development) but some you may not like (like infertility, moodiness). Before you start taking estrogen, it is important that you have a good understanding of these effects as well as the risk involved in taking estrogen.

It is also important that you understand that estrogen is not the only way that all trans female patients choose to be treated. It is important that you decide what goals you would like to achieve in your treatment and discuss these with your health care provider. Gender identity can only be determined by you based on how you feel inside, not the choices you make about your medical care.

**Permanent Changes:**
These changes will *not* go away if you stop taking estrogen
- Breast growth (may shrink, but will not go away completely)
- Genital changes such as smaller testes
- Possible permanent changes in fertility

**Reversible Changes:**
These changes can occur with estrogen treatment but generally go away if you stop the estrogen.
- Decreased libido (sex drive) and changes in sexual behavior/ functioning (ability to get erections)
- Fertility may become impaired and may not return if estrogen is discontinued.
- Interference with other medications that you may take
- Increased appetite, weight gain and fluid retention.
- Fat redistribution (from abdominal to thighs/ buttocks)
- Softer hair with slowing of male pattern baldness. – already existing facial hair will not go away.
- Emotional changes such as depression, anxiety, suicidal feelings, psychosis and worsening of psychiatric illness.
- Worsening of blood cholesterol levels which might increase your risks of heart attacks or strokes which can lead to significant disability or even death.
- An increased risk of blood clots in your lungs, legs and other parts of your body which can lead to significant disability or even death

- Worsening of or increased chance of getting certain diseases.
  - Type 2 diabetes
  - Liver disease/ gall bladder disease/ gall stones
  - High blood pressure
  - High cholesterol
  - Heart disease, stroke, clots, heart attack
  - Migraine headaches
  - Breast cancer/ tumors
  - Pituitary cancers such as adenoma/ prolactinoma
The risks of certain complications of hormone therapy can be increased in patients who:

- Smoke cigarettes
- Abuse alcohol
- Have certain pre-existing medical and psychiatric conditions
- Are advancing in age.

I understand that the use estrogen can lead to surgical complications if I have surgery for any reason. I understand that it is important that I share with my surgeon that I am using estrogen.

Consent:

I have read and understand the above risks and benefits of estrogen therapy. I have had a chance to discuss this with my health care provider and to ask and have answered any questions I might have.

I understand that the long term effects are not well studies or fully understood. There may be important risks or benefits that are not listed that medical science does not yet know.

I identify as having a female/ feminine gender identity and therefore wish to be treated with estrogen.

I understand that estrogen treatment may make it necessary that I have more health care screening tests than other male-bodied people my age.

I understand that taking estrogen does not make me immune to testicular and prostate problems and that I understand the recommendation to continue routine genital care for the screening of cancer and sexually transmitted diseases.

I understand that estrogen may alter my fertility (ability to produce viable sperm), but that is also not a contraceptive method. I understand that it is imperative that if I have vaginal sex with a biological woman, I must use a barrier method to prevent an un-intended pregnancy in my partner. I understand that I must use a barrier method of protection to prevent STDs with all sexual activity.

I understand that I will need a mental health assessment prior to estrogen therapy.

I understand that this is not an FDA approved use of estrogen.

I understand that estrogen is a prescribed substance and that it is dangerous to share these medicines with other people. I also understand that sharing needles, if using the injectable forms of estrogen, can place me at risk of blood borne infections including HIV and hepatitis. I understand the importance of honest communication about my hormone use with my medical provider.

I understand that my my medical provider will treat me to achieve normal biologic levels seen in biologic women.
### EFFECTS AND EXPECTED TIME COURSE OF FEMINIZING HORMONES

<table>
<thead>
<tr>
<th>Effect</th>
<th>Expected Onset</th>
<th>Expected Maximum Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body fat redistribution</td>
<td>3-6 months</td>
<td>2-5 years</td>
</tr>
<tr>
<td>Decreased muscle mass/strength</td>
<td>3-6 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Softening of skin/decreased oiliness</td>
<td>3-6 months</td>
<td>unknown</td>
</tr>
<tr>
<td>Decreased libido</td>
<td>1-3 months</td>
<td>1-2 years</td>
</tr>
<tr>
<td>Decreased spontaneous erections</td>
<td>1-3 months</td>
<td>3-6 months</td>
</tr>
<tr>
<td>Male sexual dysfunction</td>
<td>variable</td>
<td>variable</td>
</tr>
<tr>
<td>Breast growth</td>
<td>3-6 months</td>
<td>2-3 years</td>
</tr>
<tr>
<td>Decreased testicular volume</td>
<td>3-6 months</td>
<td>2-3 years</td>
</tr>
<tr>
<td>Decreased sperm production</td>
<td>variable</td>
<td>variable</td>
</tr>
<tr>
<td>Thinning and slowed growth of body and facial hair</td>
<td>6-12 months</td>
<td>&gt; 3 years</td>
</tr>
<tr>
<td>Male pattern baldness</td>
<td>No regrowth, loss stops 1-3 months</td>
<td>1-2 years</td>
</tr>
</tbody>
</table>

Patient Signature:

Patient Printed Legal Name:

Guardian Signature (if patient is less than 18yrs old):

Guardian Printed name/ relationship:

Medical provider signature and printed name:

Date: