



## Doernbecher Gender Clinic

### Informed Consent for Hormone Therapy: Estrogen

This informed consent form refers to the use of estrogen (estradiol. This is also sometimes called "feminizing hormone therapy". While there are risks associated with taking estrogen, when safely prescribed, estrogen can greatly improve mental health and quality of life for some individuals.

You are asked to review this form to aid you in understanding the changes that may occur from estrogen, as well as any potential benefits and risks. If you have any questions or concerns about the information below, please talk with your healthcare provider so you can make fully informed decisions about your treatment.

#### Effects of Estrogen

- 1) I have been informed that estrogen will cause changes to my body; some of these are reversible (will go away if estrogen is stopped) and some are permanent (will not go away if estrogen is stopped). These effects may take several months or longer to become noticeable.

#### General timeline of physical changes:

Effect	Onset (months)	Maximum (years)
Decreased libido (sex drive) (reversible)	1-3	-
Decreased spontaneous erections (reversible)	1-3	-
Breast growth (permanent)	3-6	2-3
Softening of skin/decreased oiliness (reversible)	3-6	Unknown
Redistribution of body fat (reversible)	3-6	2-3
Decreased in muscle mass & strength (reversible)	3-6	1-2
Decreased sperm production (often permanent)	Unknown	>3
Voice changes*	None	

*\*Voice Modification Therapy provided by a Speech and Language Pathologist is most effective.*

- 2) The changes seen in my body may not be the same as other persons on estrogen, and the rate and degree of changes cannot be predicted. Changes may not be complete for years.
- 3) I understand that I will begin to develop breasts soon after starting estrogen. **If estrogen is stopped, the breast tissue will remain**, but may decrease slightly. Once I develop breasts, I should follow the recommended screenings for breast cancer as advised by my healthcare provider.
- 4) I understand that the following changes will likely occur while taking estrogen, but will likely reverse if estrogen is stopped:
  - a) Skin becomes softer.
  - b) Decrease in muscle mass and upper body strength.
  - c) Body hair growth becomes less noticeable and grows more slowly (but it will likely not stop completely, even after years on feminizing hormone therapy).
  - d) Male pattern baldness slows down (but will probably not stop completely; hair that has already been lost will likely not grow back).
  - e) Fat redistributes for some to the hips and thighs.

- 5) I understand that taking estrogen will make my testicles produce less testosterone, which can affect my overall sexual and reproductive function:
  - a) Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back, even after stopping estrogen.
  - b) The options for sperm banking have been explained to me. Even with decreased sperm production, I may still be able to make someone pregnant and I am aware of birth control options.
  - c) My testicles may shrink by 25-50%.
  - d) The amount of fluid ejaculated may be reduced.
  - e) There is typically a decrease in morning and spontaneous erections.
  - f) Erections may not be firm enough for penetrative sex, and there are options for addressing this.
  - g) Libido (sex drive) may decrease.
- 6) I understand that estrogen will not cause facial hair to go away (although it may be thinner), or my Adam's apple to shrink, or the pitch of my voice to heighten.
- 7) I understand that taking estrogen, seeing changes in my body, and/or the ways other people respond to those changes may affect my mood. While individuals taking estrogen are usually relieved and happy with the changes that occur, it can be beneficial to stay connected with a knowledgeable therapist. The therapist can work with you, your family and friends, and your school staff to support you through your transition.

### Methods of taking Estrogen

Estrogen is usually taken in the form of a pill taken daily or a skin patch that is changed once or twice a week. Your medical provider will discuss these options and help you select the best option for you.

The doses used are often different for different patients. Your medical provider may monitor blood hormone levels to determine whether your dose should be adjusted.

### Risks of Estrogen

1. I have been informed of the known possible risks of estrogen which include, but are not limited to the following:
  - a. Blood clots in my legs, lungs or brain (low risk if estrogen is taken as prescribed; risks increased by use of tobacco products or in individuals with family history of blood clotting disorders).
  - b. Elevated blood pressure (higher risk if there is a family history)
  - c. Diabetes (higher risk if there is a family history)
  - d. Migraine headache (very low risk unless there is a prior personal history).
  - e. Risk of breast cancer (limited research does not show higher risk).
2. I understand that if I experience any symptoms or have concerns about these risks while taking estrogen that my healthcare provider is available to support me.
3. I agree to follow the recommended dosage of estrogen as prescribed for me by my healthcare provider. I understand that taking more than is prescribed or taking additional hormones obtained elsewhere may compromise my health and lead to more serious side effects. Too much estrogen in my system may actually slow the results.
4. I have been informed that tobacco use can adversely affect my health and has been associated



with an increased risk for blood clots, stroke, heart attacks, and high blood pressure, especially when combined with estrogen.

5. I understand that my healthcare provider may recommend discontinuation of estrogen for medical reasons and/ or safety concerns.
6. I understand that I may wish to stop taking estrogen in the future and the Doernbecher Gender Clinic will support me through these decisions.
7. I understand that stopping estrogen may not reverse the changes that may have already taken place in my body, and for some patients, this may cause a sensation of grief, regret or distress.

### **Monitoring of Estrogen**

1. I understand that my healthcare provider will recommend monitoring blood work and do routine physical exams as a part of my hormone therapy to maintain my overall health.
2. I understand that I may need to continue estrogen for the rest of my life in order to maintain the desired effects.
3. I have been informed that I can choose to discontinue estrogen at any time, but it is advised that I do this with the advice of my healthcare provider to make sure that they can support me in understanding any impacts to my health.
4. I understand that the use of hormones for this purpose is not approved by the FDA at this time.

**I believe I have adequate knowledge on which to base an informed consent to taking estrogen. Other options have been explained to me and I have had sufficient opportunity to discuss all of my questions with my healthcare provider.**

**My signature below constitutes my acknowledgement and understanding of this informed consent form. I authorize and give my informed consent to the provision of estrogen.**

**I wish to start:**

\_\_\_\_\_ Estrogen (estradiol) pill, taken once per day

\_\_\_\_\_ Estrogen (estradiol) patch, replaced twice per week .

- Individual's Signature \_\_\_\_\_ Date \_\_\_\_\_
- Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_
- Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_
- Healthcare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_