

Appendix K:

Consent Form for Feminizing Hormone Therapy

Initiation of Care

A. The full medical effects and safety of hormone therapy are not fully known. Potential adverse effects may include, but are not limited to:

- Increased or decreased cholesterol and/or fats in the blood, which may increase risk for heart attack or stroke.
- Increased levels of potassium in the blood, which may cause abnormal heart rhythms (if spironolactone is used)
- Increased or decreased sex drive and sexual functioning, shifts in sexual attraction/orientation
- Fatigue
- Increased risk of the following:
 - Blood clots, (deep venous thrombosis, pulmonary embolism)
 - Breast tumours/cancer
 - Heart disease, arrhythmias, and stroke
 - High blood pressure
 - Liver inflammation
 - Gallstones and need for gallbladder removal
 - Pituitary tumors (tumor of small gland in the brain which makes prolactin)
 - Decreased number of red blood cells (anemia)
 - Psychiatric symptoms such as depression and suicidal feelings, anxiety, psychosis (disorganization and loss of touch with reality), and worsening of pre-existing psychiatric illnesses

B. Some side effects from hormones are irreversible and can cause death.

C. The risks for some of the above adverse events may be INCREASED by

- Pre-existing medical conditions
- Pre-existing psychiatric conditions
- Cigarette smoking
- Alcohol use

D. Irreversible body changes (potential increases with length of time on hormones) resulting from hormone therapy may include, but are not limited to:

- Breast growth
- Fat redistribution (largely reversible but some degree may be irreversible)
- Genital changes (i.e. smaller testes)
- Infertility

E. My signature below constitutes my acknowledgement of the following:

(name of care provider)

has discussed with me the nature and purpose of hormone therapy; the benefits and risks, including the risk that hormone therapy may not accomplish the desired objective; the possible or likely consequences of hormone therapy; and all feasible alternative diagnostic or treatment options.

- I have read and understand the above information regarding the hormone therapy, and accept the risks involved.
- I have had sufficient opportunity to discuss my condition and treatment with my medical provider and all of my questions have been answered to my satisfaction.
- I believe I have adequate knowledge on which to base an informed consent to the provision of hormone therapy.
- I authorize and give my informed consent to the provision of hormone therapy.

Signature of Witness

Date

Name of Witness (Printed)

Signature of Client

Date

Legal Name of Client (Printed)