



**Appendix 5 to the
Protocols for the Provision of
Hormone Therapy**

**Consent Forms
For the Provision of
Hormone Therapy**

Certificate of Education



Patient Name: _____

Date of Birth: _____

**SPECIFIC INFORMED CONSENT
FOR HORMONE THERAPY**

For Women of Transgender Experience

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.
 - Increased risk of the following:
 - Blood clots, (deep venous thrombosis, pulmonary embolism);
 - Breast tumors/cancer;
 - Heart disease, arrhythmias, and stroke;
 - High blood pressure;
 - Liver inflammation;
 - Pituitary tumors (tumor of small gland in the brain which makes prolactin);
 - Decreased number of red blood cells (anemia);
 - Acne (if progesterone is used);
 - Increased or decreased sex drive and sexual functioning;
 - 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,
- Decreased bone density,
- Fat redistribution,
- Genital changes (i.e. smaller testes & penis),
- Higher pitch of voice,
- Infertility.

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

- My Mercy and Wisdom medical 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 met with a Mental Health Provider for education and support regarding hormone therapy.
- I have read and understand the supplemental information in the introductory packet about the risks and benefits of hormone therapy.
- I have received a list of community services and resources for people of transgender experience.
- I have had sufficient opportunity to discuss my condition and treatment with the medical provider, nursing staff, and/or other Mercy and Wisdom staff, 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 Client

Date

Legal Name of Client (Printed)

Signature of Witness

Date

Name of Witness (Printed)

My medical provider is _____



Patient Name: _____

Date of Birth: _____

**SPECIFIC INFORMED CONSENT
FOR HORMONE THERAPY**

For Men of Transgender Experience

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 cholesterol and/or fats in the blood, which may increase risk for heart attack or stroke.
- Increased number of red blood cells (increased hemoglobin), which may cause headache, dizziness, heart attack, confusion, visual disturbances, or stroke.
- Acne
- Increased risk of the following:
 - Heart disease and stroke;
 - High blood pressure;
 - Liver inflammation;
- Increased or decreased sex drive and sexual functioning;
- 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:

- Deepening of voice,
- Development of facial & body hair,
- Fat redistribution,
- Genital changes (i.e. enlargement of clitoris & labia, vaginal dryness),
- Increased bone density,

- Infertility,
- Male pattern baldness.

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

- My Mercy and Wisdom medical 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 met with a Mental Health Provider for education and support regarding hormone therapy.
- I have read and understand the supplemental information in the introductory packet about the risks and benefits of hormone therapy.
- I have received a list of community services and resources for people of transgender experience.
- I have had sufficient opportunity to discuss my condition and treatment with the medical provider, nursing staff, and/or other Mercy and Wisdom staff, 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 Client

Date

Legal Name of Client (Printed)

Signature of Witness

Date

Name of Witness (Printed)

My medical provider is _____



Patient Name: _____

Date of Birth: _____

**SPECIFIC INFORMED CONSENT
FOR HORMONE THERAPY**

For Women of Transgender Experience

Transfer 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.
- Increased risk of the following:
 - Blood clots, (deep venous thrombosis, pulmonary embolism);
 - Breast tumors/cancer;
 - Heart disease, arrhythmias, and stroke;
 - High blood pressure;
 - Liver inflammation;
 - Pituitary tumors (tumor of small gland in the brain which makes prolactin);
- Decreased number of red blood cells (anemia);
- Acne (if progesterone is used);
- Increased or decreased sex drive and sexual functioning;
- 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,

- Decreased bone density,
- Fat redistribution,
- Genital changes (i.e. smaller testes & penis),
- Higher pitch of voice,
- Infertility.

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- I have read and understand the above information regarding the hormone therapy, and accept the risks involved.
- I will have the opportunity to meet with a Mental Health Provider for education and support regarding hormone treatment.
- I have read and understand the supplemental information in the introductory packet about the risks and benefits of hormone therapy.
- I have received a list of community services and resources for people of transgender experience.
- I have had sufficient opportunity to discuss my condition and treatment with the medical provider, nursing staff, and/or other Mercy and Wisdom staff, 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 Client

Date

Legal Name of Client (Printed)

Signature of Witness

Date

Name of Witness (Printed)

My medical provider is _____



Patient Name: _____

Date of Birth: _____

**SPECIFIC INFORMED CONSENT
FOR HORMONE THERAPY**

For Men of Transgender Experience

Transfer 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 cholesterol and/or fats in the blood, which may increase risk for heart attack or stroke.
 - Increased number of red blood cells (increased hemoglobin), which may cause headache, dizziness, heart attack, confusion, visual disturbances, or stroke.
 - Acne;
 - Increased risk of the following:
 - Heart disease and stroke;
 - High blood pressure;
 - Liver inflammation;
 - Increased or decreased sex drive and sexual functioning;
 - 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:
- Deepening of voice,
 - Development of facial & body hair,
 - Fat redistribution,
 - Genital changes (i.e. enlargement of clitoris & labia, vaginal dryness),
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- Infertility,
- Male pattern baldness.

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