INFORMED CONSENT

FOR MASCULINISING ENDOCRINE TREATMENT

This form refers to the use of testosterone treatment by persons who wish to become more masculinised as part of a gender transitioning process

Patient details (or pre-printed label)

Patient's surname / family name: _____

Patient's first name: _____

Date of birth/CHI no: _____

To be retained in patient's notes

Consent to commencing testosterone

Names of person present (including relationship to patient if relevant):

1. _____
2. _____
3. _____

The information listed in the box below shows potential benefits, risks and side effects associated with testosterone.

These will have been discussed with you during appointments with your Clinician, as well as in this information leaflet.

BENEFITS ***IRREVERSIBLE changes	**POTENTIAL RISKS / SIDE EFFECTS**
Periods will stop	Continued health risks associated with female organs e.g. breast, cervical & uterine cancer, until surgery
***Deepening of the voice	Additional cardiovascular health risks associated with males e.g. high blood pressure and heart attacks
***Growth of the clitoris	Increased red blood cells (Polycythaemia)
Change in distribution of body fat and increased muscle mass	Reduction in ovulation with likely loss of fertility. Long term effects of testosterone on ovaries/eggs unknown
***Growth of facial and body hair	***Male pattern hair loss or balding
Increased levels of energy and drive	Mood or affective changes and aggression
Increased sex drive	Benign Intracranial Hypertension
Increased appetite and potential weight gain	Increased risk of raised cholesterol, abnormal liver function and diabetes
	The need for contraception

In order to progress with prescribing testosterone we require your informed consent.

By signing this consent statement, you are demonstrating:

- You understand of all the information given to you and all of your questions have been answered to your satisfaction
- You are aware of the physical and psychological changes that will occur with gender affirming hormones, including associated risks and side effects
- That you have adequate knowledge on which to base an informed consent and wish to progress with treatment on testosterone

Please take the time to read and consider the following points before signing:

1.	I have read and understood this information sheet about testosterone	☐
2.	I understand the different ways testosterone can be given	☐
3.	I have been informed of the potential benefits of starting testosterone treatment	☐
4.	I have been informed of the potential risks and side effects associated with testosterone treatment	☐
5.	The option of preservation of my fertility has been discussed with me, and I am aware of the consequences of deciding against this	☐
6.	I have been given the opportunity to ask questions and participate in discussions above starting testosterone with my Clinician	☐
7.	I am aware of the requirement for life-long regular monitoring of testosterone treatment (blood tests and physical monitoring) by medical practitioners, either by gender specialists or my GP	☐
8.	My decision to commence testosterone has been made voluntarily	☐
9.	I understand I can stop treatment at any time without having to give reasons and that I will not be penalised	☐
10.	I am aware that starting testosterone treatment will bring about permanent changes to me. Should I decide to stop this treatment later on, some changes that have happened will not reverse	☐

Person consenting:

_____ _____

Signature Date

_____

Name (PRINT)

Clinician obtaining consent:

_____ _____

Signature Date

_____

Name (PRINT)