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Testosterone Therapy Informed Consent Form

Patient Information

Name: _____ Date of birth: _____/_____/_____

PSU ID #: _____

Testosterone Therapy Information

This form refers to the use of testosterone by persons in the gender spectrum who wish to facilitate gender presentation. While there are risks associated with taking testosterone, when appropriately prescribed it can greatly improve mental health and quality of life.

You are asked to sign the pages of this packet to show that you understand the benefits, risks, and changes that may occur from taking testosterone. If you have any questions or concerns about the information below, please talk with the people involved in your care so you can make fully informed decisions about your treatment. It is your right to seek another opinion if you want an additional perspective on any aspect of your care.

Testosterone Effects

1. I understand that testosterone may be prescribed to reduce certain physical features and change my body.
2. I understand that the effects of testosterone can take several months or longer to become noticeable, and that the rate and degree of change can't be predicted, and that changes may not be complete for 2-5 years after I start testosterone.
3. I understand that the following changes will likely be permanent even if I stop taking testosterone:
 - Lower voice pitch (i.e., voice becoming deeper).
 - Increased growth of hair with thicker/coarser hairs on arms, legs, chest, back, and abdomen.
 - Gradual growth of mustache/beard hair.
 - Hair loss at the temples and crown of the head, with the possibility of becoming completely bald.
 - Genital changes may or may not be permanent if testosterone is stopped. These include clitoral growth (typically 1-3 cm) and vaginal dryness.
4. I understand that the following changes are usually not permanent (that is, they will likely reverse if I stop taking testosterone):
 - Acne, which may be severe and cause permanent scarring if not treated.
 - Fat may redistribute to a more masculine pattern (decreased on buttocks/hips/thighs, increased in abdomen – changing from “pear shape” to “apple shape”).
 - Increased muscle mass and upper body strength.

- Increased libido (sex drive).
 - Menstrual periods typically stop within 1-6 months of starting testosterone.
5. I understand that it is not known what the effects of testosterone are on fertility. I have been informed that even if I stop taking testosterone I may or may not be able to get pregnant in the future. I understand that even after testosterone stops my menstrual periods it may still be possible for me to get pregnant and am aware of birth control options (if applicable). I have been informed that I can't take testosterone if I am pregnant.
 6. I understand that there are some aspects of my body that will not be changed by testosterone:
 - Breasts may appear slightly smaller due to fat loss but will not substantially shrink.
 - Although voice pitch will likely drop, other aspects of speech will not change.

Patient Signature (required): _____ **Date:** ____/____/____

Health Care Provider Signature (required): _____ **Date:** ____/____/____

General Risks of Testosterone

1. I understand that the medical effects and safety of testosterone are not fully understood, and that there may be long-term risks that are not yet known.
2. I understand that I am strongly advised not to take more testosterone than I am prescribed, as this increases health risks. I have been informed that taking more than I am prescribed will not make changes happen more quickly or increase the degree of change: extra testosterone can be converted to estrogen, which may slow or stop desired physical changes.
3. I understand that testosterone can cause changes that increase my risk of heart disease, including:
 - Decreasing good cholesterol (HDL) and increasing bad cholesterol (LDL)
 - Increasing blood pressure
 - Increasing deposits of fat around my internal organs
4. I have been advised that my risks of heart disease are greater if people in my family have had heart disease, if I am overweight, or if I smoke.
5. I have been advised that heart health checkups, including monitoring of my weight and cholesterol levels, should be done periodically as long as I am taking testosterone.
6. I understand that testosterone can damage the liver, possibly leading to liver disease. I have been advised that I should be monitored for possible liver damage as long as I am taking testosterone.
7. I understand that testosterone can increase the red blood cells and hemoglobin, and while the increase is usually only to a normal male range (which does not pose health risks), a high increase can cause potentially life-threatening problems such as stroke and heart attack. I have been advised that my blood should be monitored periodically while I am taking testosterone.
8. I understand that taking testosterone can increase my risk for diabetes by decreasing my body's response to insulin, causing weight gain, and increasing deposits of fat around my internal organs. I have been advised that my fasting blood glucose should be monitored periodically while I am taking testosterone.
9. I understand that testosterone can be converted to estrogen by various tissues in my body, and that it is not known whether this increases the risks of ovarian cancer, breast cancer, or uterine cancer.
10. I understand that taking testosterone can lead to my cervix and the walls of my vagina becoming more fragile, and that this can lead to tears or abrasions that increase the risk of sexually transmitted infections (including HIV) if I have vaginal sex – no matter what the gender of my partner is. I have been advised that frank discussion with my health care provider about my sexual practices can help determine how best to prevent and monitor for sexually transmitted infections.

11. I have been informed that testosterone can cause headaches or migraines. I understand that if I am frequently having headaches or migraines, or the pain is unusually severe, it is recommended that I talk with my health care provider.
12. I understand that testosterone can cause emotional changes, including increased irritability, frustration, and anger. I have been advised that my health care provider can assist me in finding resources to explore and cope with these changes.
13. I understand that testosterone will result in changes that will be noticeable by other people, and that some transgender people in similar circumstances have experienced harassment, discrimination, and violence, while others have lost support of loved ones. I have been advised that my health care provider can assist me in finding advocacy and support resources.

Patient Signature (required): _____ **Date:** ____/____/____

Health Care Provider Signature (required): _____ **Date:** ____/____/____

Prevention of Medical Complications

1. I agree to take testosterone as prescribed and to tell my health care provider if I am not happy with the treatment or am experiencing any problems.
2. I understand that the right dose or type of medication prescribed for me may not be the same as for someone else.
3. I understand that physical examinations and blood tests are needed on a regular basis to check for negative side effects of testosterone.
4. I understand that testosterone can interact with other medication (including other sources of hormones), dietary supplements, herbs, alcohol, and street drugs. I understand that being honest with my health care provider about what else I am taking will help prevent medical complications that could be life-threatening. I have been informed that I will continue to get medical care no matter what information I share.
5. I understand that some medical conditions make it dangerous to take testosterone. I agree that if my health care provider suspects I may have one of these conditions, I will be checked for it before the decision to start or continue testosterone is made.
6. I understand that I can choose to stop taking testosterone at any time, and that it is advised that I do this with the help of my health care provider to make sure there are no negative reactions to stopping. I understand that my health care provider may suggest I reduce or stop taking testosterone if there are severe side effects or health risks that can't be controlled.

Patient Signature (required): _____ **Date:** ____/____/____

Health Care Provider Signature (required): _____ **Date:** ____/____/____

Student Action Plan

Based on the information presented on these forms, and the conversation I had today with my health care provider (please choose one):

I wish to begin/continue taking testosterone at my stable dose.

I do not wish to begin/continue taking testosterone at this time.

My signature below confirms that:

- My health care provider has talked with me about the benefits and risks of testosterone, the possible or likely consequences of hormone therapy, and potential alternative treatment options.
- I understand the risks that may be involved.
- I understand that this form covers known effects and risks and that there may be long-term effects or risks that are not yet known.
- I have had sufficient opportunity to discuss treatment options with my health care provider. All of my questions have been answered to my satisfaction.
- I believe I have adequate knowledge on which to base informed consent to the provision of testosterone therapy.
- I am aware that counseling is available.

Whatever your current decision is, please talk with your health care provider any time you have questions, concerns, or want to re-evaluate your options.

Patient Signature (required): _____ **Date:** ____/____/____

Health Care Provider Signature (required): _____ **Date:** ____/____/____