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Estrogen Therapy Informed Consent

Estrogen Therapy Information

This form refers to the use of estrogen and/or androgen antagonists (sometimes called “anti-androgens” or “androgen blockers”) by persons in the gender spectrum who wish to facilitate gender presentation. While there are risks associated with taking estrogen medications, when appropriately prescribed they 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 estrogen. 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.

Estrogen Effects

1. I understand that estrogen, androgen antagonists, or a combination of the two may be prescribed to change physical features of my body.
2. I understand that estrogen and androgen antagonists can take several months or longer to become noticeable, and that the rate and degree of change can't be predicted.
3. I understand that if I am taking estrogen, I will probably develop breasts, and:
 - Breasts may take several years to develop to their full size.
 - Even if estrogen is stopped, the breast tissue that has developed will remain.
 - There may be milky nipple discharge (galactorrhea). This can be caused by taking estrogen or by an underlying medical condition. It is advised to check with a health care provider to determine the cause.
 - It is not known if taking estrogen increases the risk of breast cancer.
4. I understand that the following changes are generally not permanent (that is, they will likely reverse if I stop taking estrogen):
 - Skin may become softer.
 - Muscle mass decreases and there may be a decrease in upper body strength.
 - Body hair growth may become less noticeable and grow more slowly, but it will likely not stop completely even after years on medication.
 - Male pattern baldness may slow down, but will probably not stop completely, and hair that has already been lost will likely not grow back.
 - Fat may redistribute to a more feminine pattern (decreased in abdomen, increased on buttocks/hips/thighs – changing from “apple shape” to “pear shape”).
5. I understand that taking estrogen will make my testicles produce less testosterone, which can affect my overall sexual function:
 - Sperm may not mature, leading to reduced fertility. The ability to make sperm normally may or may not come back even after stopping feminizing medication. The options for sperm banking

(www.ubcivf.com) have been explained to me. I understand that I may still be able to make someone pregnant and am aware of birth control options (if applicable).

- Testicles may shrink by 25-50%. Regular testicular examinations are still recommended.
- The amount of fluid ejaculated may be reduced.
- There is typically decrease in morning and spontaneous erections.
- Erections may not be firm enough for penetrative sex.
- Libido (sex drive) may decrease.

6. I understand that there are some aspects of my body that are not significantly changed by estrogen:

- Beard/mustache hair may grow more slowly and be less noticeable, but will not go away.
- Voice pitch will not rise and speech patterns will not become more feminine.
- The laryngeal prominence (“Adam’s apple”) will not shrink.
- Although medication does not change these features, there are other treatments that may be helpful.
- If there are any concerns about these issues, referrals can be provided to help explore treatment options.

General Risks of Estrogen Medications

1. I understand that the medical effects and safety of estrogen 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 medication 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 estrogen can be converted to testosterone, which may slow or stop body changes.
3. I understand that estrogen 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 these medications.
4. I understand that estrogen 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 referrals can be made for support/counseling if I feel this would be helpful.

Medical Risks Associated with Estrogen

1. I understand that taking estrogen increases the risk of blood clots, which can result in:
 - Pulmonary embolism (blood clot of the lungs), which may cause permanent lung damage or death
 - Stroke, which may cause permanent brain damage or death
 - Heart attack
 - Chronic leg vein problems
2. I understand that the risk of blood clots is much worse if I smoke cigarettes, especially if I am over 40. I understand that the danger is so high that I have been advised that I should stop smoking completely if I start taking estrogen. I am aware that I can ask my health care provider for advice about options to stop smoking.
3. I understand that taking estrogen can increase deposits of fat around my internal organs, which is associated with increased risk for diabetes and heart disease.
4. I understand that taking estrogen can cause increased blood pressure. I have been advised that if I develop high blood pressure, my health care provider will work with me to try to control it by diet, lifestyle changes, and/or medication.
5. I have been informed that taking estrogen increases the risk of gallstones. I understand that if I have abdominal pain that is severe or prolonged, it is recommended that I discuss this with my health care provider.
6. I have been informed that estrogen can cause nausea and vomiting, similar to morning sickness in a pregnant person. I understand that if nausea/vomiting are severe or prolonged, it is recommended that I discuss this with my health care provider.

7. I have been informed that estrogen 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.
8. I understand that it is not known if taking estrogen increases the risk of non-cancerous tumors of the pituitary gland (prolactinoma). I have been informed that although prolactinoma is typically not life-threatening, it can damage vision and cause headaches. I understand this will be monitored for at least three years when I start taking estrogen.
9. I have been informed that I am more likely to have dangerous side effects from estrogen if I smoke, am overweight, am over 40 years old, or have a history of blood clots, high blood pressure, or a family history of breast cancer.
10. I have been informed that if I take too much estrogen, my body may convert it into testosterone, which may slow or stop feminization.

Risks Associated with Androgen Antagonists

1. I understand that taking spironolactone affects the balance of water and salts in the kidneys, and that this may:
 - Increase in the amount of urine produced, making it necessary to urinate more frequently
 - Reduced blood pressure
 - Increase thirst
 - Rarely, cause high levels of potassium in the blood, which can cause changes to heart rhythm that may be life-threatening
2. I understand that some androgen antagonists make it more difficult to evaluate the results of PSA (Prostate-Specific Antigen) test, which can make it more difficult to monitor prostate problems. I have been informed that if I am over 50, I should have my prostate evaluated every year.

General Risks for Estrogen Medications

1. I agree to take estrogen 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 these medications.
4. I understand that estrogen 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 estrogen or androgen antagonists. 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 estrogen medication is made.
6. I understand that I can choose to stop taking these medications 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 my medication, or switch to another type of medication, if there are severe side effects or health risks that can't be controlled.

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 estrogen at my stable dose. OR -
- I wish to begin/continue taking androgen antagonists (e.g., Spironolactone). OR -
- I do not wish to begin/continue taking medication at this time.

A signature confirms that:

- My health care provider has talked with me about the benefits and risks of estrogen/androgen antagonist medication, 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 estrogen medication.
- 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.