



Consent Form for Testosterone Therapy

Name: _____ Date of Birth: _____

Manitoba Health PHIN #: _____

Testosterone may be used by people who were assigned female at birth to reduce gender dysphoria and experience physical changes that are often labeled as masculine.

Our goal is to ensure you understand the benefits, risks, and changes that may occur when taking these medications. Please review every page of this document and ask one of our doctors or nurse practitioners any questions or concerns that you have. You may also seek another opinion or more information on your care.

Effects of Testosterone

- May be prescribed to experience characteristics and reduce certain physical characteristics affected by estrogen.
- Changes from testosterone can take months to become noticeable, and years to see final effects. How fast and how many changes occur is different for each person.
- Some changes which **should be considered permanent**, even if you stop taking testosterone, are:
 - Lower/deeper voice pitch.
 - Hair growth, with thicker/coarser hairs on arms, legs, chest, back, and abdomen.
 - Gradual growth of moustache/beard hair.
 - Hair loss at the front/temples or back of the head, possibly becoming bald.
 - Genital changes may or may not be permanent if testosterone is stopped, such as clitoral growth (typically 1-3 cm) and internal dryness.
- Some changes may be considered **partially reversible**, such as:
 - Acne – but it can be severe and can cause permanent scarring if not treated.
 - Fat pattern changing to less on buttocks/hips/thighs, more on the abdomen (going from “pear shape” to “apple shape”).
 - Increased muscle mass and body strength.
 - Increased libido (sex drive).
 - Monthly bleeding may become lighter and stopping often after a few months. This may be dose-dependant.
- Testosterone must never be taken if you are pregnant or trying to become pregnant.
 - It can reduce your ability to become pregnant in the future.
- It is not birth control; even if monthly bleeding stops, it may still be possible to get pregnant. Birth control should still be used if there is this chance of pregnancy.
- Some things may not change:
 - Chest/breasts may appear slightly smaller due to fat loss.
 - Voice pitch will likely drop.
 - Other referrals or treatments may be helpful to decrease dysphoria related to voice/chest. Please discuss this with one of our healthcare team members.

Risks with Testosterone

- The medical effects and safety of testosterone are not fully understood, and there may be long-term risks that are not yet known.
- Testosterone should be taken as prescribed.
- Taking extra testosterone increases health risks.
- Taking too much testosterone can result in high estrogen, which may slow or stop changes you were seeing.
- Testosterone can cause changes that increase your risk of heart disease, such as:
 - Decreasing good cholesterol (HDL) and increasing bad cholesterol (LDL).
 - Increasing blood pressure.
 - Increasing deposits of fat around your internal organs.
 - Risk of heart disease increases if you smoke, have diabetes, or if heart attacks run in your family. Heart health checkups, including monitoring weight and cholesterol levels, should be done periodically while taking testosterone.
- Testosterone can damage the liver, possibly leading to liver disease. You should be monitored for possible liver damage as long as you take testosterone.
- Can increase blood thickness (red blood cells and hemoglobin). A high increase can potentially cause life-threatening problems such as stroke and heart attack. Having regular blood tests periodically is important while taking testosterone.
- Can increase your risk for diabetes by decreasing your body's response to insulin, causing weight gain, and increasing fatty deposits around your internal organs. Your blood sugars (A1C) should be monitored periodically while taking testosterone.
- Can be converted to estrogen by various tissues in your body. It is not known whether this increases the risk of cancer in the ovaries, breasts, or uterus.
- Can lead to the cervix and the walls of the vagina becoming more fragile, and that this can lead to tears that increase the risk of sexually transmitted infections (including HIV). Discussing sexual practices with your care provider can help determine how best to prevent and monitor for sexually transmitted infections.
- Can cause headaches or migraines. Seek urgent medical care if you are having severe headaches or migraines.
- Can cause emotional changes, including irritability, frustration, and anger. Ask your health team about resources to explore and cope with these changes.
- Testosterone will result in changes that will be noticeable by other people, and some people have experienced harassment, discrimination, and violence, while others have lost support of loved ones. Ask your health team about support resources.

Prevention of Medical Complications

- Ensure your health care providers are aware of your testosterone use and talk to them if you are not happy with the treatment or are experiencing any problems.
- The right dose or type of testosterone for you may not be the same as someone else.
- Physical examinations and blood tests are needed on a regular basis to check for negative side effects of testosterone.
- Testosterone can interact with other medications, dietary supplements, herbs, alcohol, and recreational drugs. Discuss this with your health care provider.
- Some medical conditions make it dangerous to take testosterone. Further assessments may be necessary before starting or continuing testosterone.
- You can choose to stop taking testosterone at any time. It is advised that you do this with the help of your health care provider to make sure there are no negative reactions

to stopping. Problems such as low bone density or hot flashes may arise if your ovaries have been removed.

Your signature below confirms that

- Your health care provider has talked with you about the benefits and risks of testosterone, the possible or likely consequences of hormone therapy, and potential alternative treatment options.
- You understand the risks that may be involved.
- You understand that this form covers known effects and risks and that there may be long-term effects or risks that are not yet known.
- You have had sufficient opportunity to discuss treatment options with your health care provider. All questions have been answered to your satisfaction.
- You have adequate knowledge to consent to the provision of testosterone therapy.
- **You wish to begin taking testosterone.**

Patient Signature

Date

Prescribing Clinician Signature

Date

Changes related to Testosterone	Expected Onset	Expected Maximum Effect
Deeper voice	3-12 months	1-2 years or more
Scalp hair loss	more than 12 months	Variable
Facial and body hair growth	3-6 months	3-5 years
Skin oiliness or acne	1-6 months	1-2 years
Increased muscle mass/strength	6-12 months	2-5 years
Body fat redistribution	3-6 months	2-5 years
Cessation of monthly bleeding	2-6 months	n/a
Clitoral enlargement	3-6 months	1-2 years
Deeper voice	3-12 months	1-2 years or more
Vaginal atrophy	3-6 months	1-2 years
Mood changes	Variable	Variable
Changes to sex drive/interests/function	Variable	Variable
Decreased Fertility	Variable	Variable

Potential risks associated with testosterone

Likely increased risk	Polycythemia (High red blood cells) Weight gain Sleep apnea Acne Hair loss (scalp)
Possible increased risk	Elevated lipids Elevated liver enzymes
Possible increased risk based on additional factors	High blood pressure Cardiovascular disease Type 2 diabetes Possible destabilization of certain psychiatric disorders
Inconclusive or no increased risk	Breast cancer Ovarian cancer Cervical cancer Uterine cancer Loss of bone density

Tables are based on:

WPATH Standards of Care Guidelines: <https://wpath.org/publications/soc>

Sherbourne Health Guidelines: <https://www.rainbowhealthontario.ca/wp-content/uploads/2021/06/Guidelines-FINAL-4TH-EDITION-c.pdf>

Trans Care BC: www.phsa.ca/transcarebc/hormones/testosterone

Client handout