UCHealth Integrated Transgender Program
Anschutz Medical Campus

UNDERSTANDING MASCULINIZING GENDER-AFFIRMING HORMONE THERAPY

Name, MR#, DOB

Date: _____/_____/_____
MM DD YY

This education form is for people who want gender-affirming hormone therapy to develop a more masculine gender expression and to reduce gender dysphoria. We will use medically oriented words for body parts that may be triggering, so please let us know if you have any concerns. This form will be uploaded into your chart for medical providers and you to access after today's visit.

IF YOU DO NOT UNDERSTAND THE INFORMATION BELOW, PLEASE ASK FOR CLARIFICATION.

1. Introduction
   a. Masculinizing gender-affirming hormone therapy includes testosterone. When appropriately prescribed, testosterone can improve mental health and quality of life.
   b. Gender-affirming hormone therapy may have unknown effects that could be permanent.
   c. Everybody is different. There is no way to predict what your response to hormones will be. The "right" dose for you may not be the same as for someone else. We follow widely recognized guidelines to keep you safe.

2. Masculinizing Effects
   a. These potential changes **may be reversible** if testosterone is stopped:
      - Male pattern fat distribution (i.e., increased belly fat; decreased fat in the breasts, buttocks, and thighs)
      - Increased weight
      - Increased red blood cells
      - Acne, which may become severe
      - Increased sex drive and energy levels
      - Possible increased aggression and anger
      - End of monthly bleeding and release of eggs from the ovaries (periods and ovulation)
      - Thinning of vaginal tissue leading to increased risk of dryness and yeast infections

   b. These potential changes **may be permanent** even if testosterone is stopped:
      - Hair loss, especially at the temples and crown of your head (male pattern baldness)
      - Facial hair growth (i.e., beard, mustache, sideburns) and thicker, coarse body hair
      - Deeper voice
      - Clitoral enlargement (bottom growth)

   c. In general, the timing of expected effects of testosterone are as follows:

Effect	Onset	Maximum
Skin oiliness/acne	1-6 months	1-2 years
Clitoral enlargement	1-6 months	1-2 years
Vaginal atrophy	1-6 months	1-2 years
Fat redistribution	1-6 months	2-5 years
Cessation of menses	1-6 months	--
Deepening of voice	6-12 months	1-2 years
Increased muscle mass/strength	6-12 months	2-5 years
Facial/body hair growth	6-12 months	4-5 years
Scalp hair loss	6-12 months	--

Please initial here to acknowledge you understand the above information: _____

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3. Potential Risks
   a. If your medical provider suspects that you have any condition that could be dangerous to your health, it will be evaluated before starting or continuing testosterone to ensure your safety.
   b. Testosterone may lead to liver inflammation and damage.
   c. Testosterone may decrease your HDL ("good cholesterol") and increase your LDL ("bad cholesterol").
   d. Testosterone may cause changes in your emotions and moods. Your medical provider can assist you in finding support services and other resources to explore and cope with these changes.
   e. If you take more testosterone than prescribed, or if the dose is too high, the excess testosterone will convert to estrogen and may cause undesired effects.
   f. The endometrium (lining of the uterus) can turn testosterone into estrogen, which may increase the risk of uterine cancer.

4. Additional Considerations
   a. Routine cervical cancer screening (Pap test) is strongly recommended starting at age 21 years unless the cervix is removed.
   b. It is recommended that clinical breast exams begin at the age of 25 years; if you have a mastectomy, breast cancer screening may still be indicated in the future.
   c. Testosterone should keep your bones healthy, but bone density will be monitored if you stop testosterone and if you had your ovaries removed.
   d. Testosterone will not protect against sexually transmitted infections or HIV. Condoms/barrier methods should be used when appropriate. We can provide information about HIV pre-exposure prophylaxis (PrEP).
   e. Testosterone is not a form of contraception if you still have a uterus and ovaries. Even without having periods, it is possible for you to become pregnant if you have unprotected sex with someone assigned male at birth with male sexual organs. To reliably prevent pregnancy, use another form of contraception, such as a progesterone hormone method (pills, injection), intrauterine device (IUD), or condoms.
   f. If desired, you might be able to get pregnant after starting (or stopping) testosterone. While egg banking (saving eggs for future pregnancy) may be an option and we can provider resources for fertility preservation. If you do become pregnant, testosterone can cause harm or death to the fetus so please stop taking testosterone and contact your medical provider.
   g. We can also provide resources for surgical procedures and voice therapy if desired.

5. Monitoring
   a. It is important to have regular physical examinations and lab tests (e.g. hormone levels, liver tests, cholesterol levels, blood counts, etc.) to make sure you are not having an adverse reaction to testosterone and to continue good health care and preventive screening exams.
   b. We would like to see you every 3-4 months during the first year; then every 6-12 months unless care is transferred back to your primary care provider. If you do not see your medical provider within 12 months, or fail to have recommended lab tests, you may not continue to get testosterone.
   c. The Endocrine Society recommends mid-dose serum total testosterone levels in the physiologic male range: 400-700 ng/dL.
   d. It is extremely important to tell your provider about any non-prescription hormones, dietary supplements, herbs, drugs, or medications you might be taking to avoid potential interactions and adverse reactions.
   e. You can choose to stop taking testosterone at any time and your medical provider can discontinue treatment if the medications are causing you harm. If testosterone is stopped, a prescribed reduction plan can help reduce negative and potentially harmful side effects that may occur if you suddenly stop taking testosterone.

6. References

   a. Endocrine Society: https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence
   b. World Professional Association for Transgender Health, Standards of Care, v7: https://www.wpath.org/publications/soc
   c. University of California, San Francisco: https://transcare.ucsf.edu/guidelines/feminizing-hormone-therapy

Please print and sign below to acknowledge you understand the above information. You can use your preferred name.

Patient Name _____ **Signature** _____