

Policy G-51.11 Treatment of Offenders with Gender

Consent Form for Therapy with Male Hormones

The full medical effects and safety of hormone therapy are not fully known. Potential adverse effects may include, but are not limited to:

- Increased cholesterol and/or fats in the blood
- Increased number of red blood cells (increased hemoglobin), which may cause headache, dizziness, heart attack, confusion, visual disturbances, or stroke.
- Acne
- High blood pressure
- Liver inflammation, tumors, or cancer
- Increased risk of blood clots
- Increased risk of heart disease and stroke;
- Increased or decreased sex drive and sexual functioning;
- Psychiatric symptoms such as depression and suicidal feelings; anxiety; psychosis (disorganization and loss of touch with reality), and worsening of pre-existing psychiatric illnesses.

Some side effects from hormones are irreversible and can cause death. The risks for some of the above adverse events may be INCREASED by:

- Pre-existing medical conditions
- Pre-existing psychiatric conditions
- Cigarette smoking
- Alcohol use

Irreversible body changes (potential increases with length of time on hormones) resulting from hormone therapy may include, but are not limited to:

- Deepening of voice,
- Development of facial & body hair,
- Fat redistribution,
- Genital changes (i.e. enlargement of clitoris & labia, vaginal dryness),
- Infertility,
- Male pattern baldness.

My signature below constitutes my acknowledgement of the following: The risks of hormone therapy have been explained to me.

I have read and understand the above information regarding hormone therapy.

I have had sufficient opportunity to discuss my condition and treatment with my health care providers, and all of my questions have been answered to my satisfaction.

I believe I have adequate knowledge on which to base an informed consent to the provision of hormone therapy and accept the risks involved.

I agree to have physical examinations and blood tests periodically to make sure I am not having a bad reaction to the hormones. I understand this is required to continue hormone therapy.

I understand that there are medical conditions that could make taking hormones either dangerous or damaging. I agree that if my health care providers suspect I may have one of these conditions, I will be evaluated for it before the decision to start or continue hormone therapy is made.

I understand that I can choose to stop taking hormone therapy at any time. I also understand that my provider can discontinue treatment for clinical reasons.

I am requesting and give my informed consent to the provision of hormone therapy.

Signature of Offender

Date

Signature of Witness

Date