

Consent for starting Female Hormones

I _____ have been counselled and consented by
_____ about starting the female hormone therapy

This counselling has included information on how the hormones work and how they will be administered. Other potential treatment options have been discussed with me.

I have been informed of the potential benefits of this treatment including:

- In most patients: Breast growth
- In some patients: A reduction in facial and body hair
- Change in the distribution of body fat

I have been informed of the potential risks and side effects of this treatment including:

- A reduction in sperm production with a likely loss of fertility
- Post Sex Reassignment Surgery there is still some risk of prostate cancer
- Developing a clot in the leg or lung
- Breast cancer
- High prolactin levels
- Abnormal liver function tests
- A reduction in libido and erectile function
- Reduced fertility
- Osteoporosis

The option of storing my sperm has been discussed with me and I am aware of the consequences of deciding against this.

I have been advised of the need for regular monitoring of blood tests and physical examination by my General Practitioner and I am agreeable to this and to adopting a healthy lifestyle.

I hereby give / do not give (delete as appropriate) my informed consent to starting the above named treatment.

Signed (Client): _____ Date: _____

Print Name: _____

Signature of Person obtaining consent: _____

Print Name: _____ GMC Number: _____