

Consent for starting Male Hormones

I _____ have been counselled and consented by
_____ about starting male 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:

- Growth of facial and body hair
- Change in the distribution of body fat and increase in muscle bulk
- Increase in sex drive and levels of energy and aggression
- Deepening of the voice
- Periods will stop

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

- A reduction in ovulation with a likely loss of fertility
- An increase in red blood cells leading to a potential increased risk of venous thromboembolism including deep vein thrombosis (DVT), pulmonary embolism (PE) or stroke
- Male pattern baldness
- Acne
- Increased cholesterol levels
- Cancer of the lining of the womb
- Osteoporosis
- Obstructive sleep apnoea

The option of storing my eggs 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 health 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: _____