December 2011

Care Guide: Gender Identity Disorder (GID)

SUMMARY | **DECISION SUPPORT** | **PATIENT EDUCATION / SELF MANAGEMENT**

GOALS

- ✓ **Ensure accurate diagnosis of GID by trained mental health transgender specialist**
- ✓ **Establish treatment goals**
- ✓ **Prevent complications of untreated disorder**
- ✓ **Minimize potential for adverse treatment outcomes**
- ✓ **Maximize psychological well being and functioning**
- ✓ **Reduce endogenous hormone level & the secondary sex characteristics of the individuals' biological (genetic) sex and assigned gender in those on hormone therapy**
- ✓ **Maintain hormone levels in the normal physiologic range for the desired gender, taking into consideration age and associated medical conditions, for those on hormone therapy**

ALERTS

- ⇒ HIV/STD risk behaviors
- ⇒ Presence of severe psychiatric comorbidity
- ⇒ Self mutilatory/injurious behaviors
- ⇒ Suicidal ideation, attempts
- ⇒ Sexual assault, threatened or actual
- ⇒ Medical conditions that can be exacerbated by transgender hormone therapy
  - Estrogen: thromboembolic disease, macroprolactinoma, significant liver dysfunction, breast cancer, coronary artery disease, cerebrovascular disease, severe migraine headaches
  - Testosterone: breast or uterine cancer, erythrocytosis, significant liver dysfunction

DIAGNOSTIC CRITERIA / EVALUATION

*AS DEFINED BY DSM-IV TR (TEXT REVISION). DIAGNOSIS WILL BE MADE BY APPROPRIATE MH PROVIDER

- The presence of a strong and persistent cross gender identification, not merely a desire for any perceived social/cultural advantage of being the other sex.
- A stated desire to be the other sex, frequent passing as the other sex, and/or the conviction that he or she has the typical feelings and reactions of the other sex.
- The disturbance is not concurrent with a physical intersex condition.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Note: Individuals who have GID may be sexually attracted to males, females, both or neither. Some carefully diagnosed persons spontaneously change their aspirations; some accommodate their gender identities without medical intervention; and others change their mind with psychotherapy.

TREATMENT OPTIONS

I. Non Pharmacological

- Patient education
- Psychotherapy
- Group therapy
- Clinicians will designate GID status on Medical Classification Chrono (CDCR128C-3) to ensure indicated accommodations are provided (custody staff will ensure male to female (MTF) TG inmates are provided with brassieres as part of their standard clothing issue (per DOM 54060.6.1) as is done for the female inmates. Similarly female to male (FTM) TG inmates shall be provided boxers as part of their standard clothing issue (per DOM 54060.6) as is done for the male inmate population.

II. Pharmacological

- Male to Female (MTF) transsexual persons: estrogen, antiandrogens
- Female to Male (FTM) transsexual persons: androgens

MONITORING

MTF	PROVIDER FOLLOW-UP	LABS	LAB GOAL	PREVENTIVE SERVICES
BASELINE		CBC, serum Cr & K Liver function tests Fasting lipid panel Fasting glucose (if family hx of DM) HbA1c (if Diabetic) TSH Testosterone level Prolactin Estradiol level Lipids		Routine Cancer Screening ● Mammography per CCHCS preventive services screening guidelines for female patient inmates. ● FOB testing per CCHCS preventive services screening guidelines. ● Bone density testing per CCHCS preventive services screening guidelines.
HORMONE THERAPY < 1 YEAR	Q 2-3 months	Serum testosterone Q 3 months Serum estradiol Q 3 months CBC, LFTs Q 2-3 months Serum Cr, K, Q 2-3 months if on antiandrogen therapy	< 55 ng/ml (testosterone) Normal physiologic range for young healthy females, not to exceed 200 pg/ml (estrogen)	
HORMONE THERAPY >1 YEAR	Q 6-12 months	Serum testosterone Q 6 –12 months Serum estradiol Q 6-12 months CBC, LFTs Q 6-12 months Serum Cr, K, q 6-12 months if on antiandrogen therapy	< 55 ng/ml (testosterone) Normal physiologic range for young healthy females, not to exceed 200 pg/ml (estrogen)	
FTM	**PROVIDER FOLLOW-UP**	**LABS**	**LAB GOAL**	**PREVENTIVE SERVICES**
HORMONE THERAPY < 1 YEAR	Q 2-3 months	Serum testosterone Q 2-3 months Serum estradiol Q 3 months for the first 6 months or until no uterine bleeding for 6 months. CBC, LFTs Q 2-3 months Lipids	Normal physiologic range for testosterone < 50 pg/ml for estrogen	Routine Cancer Screening ● Annual PAP smear per CCHCS preventive services screening guidelines. ● Mammography per CCHCS preventive services screening guidelines . ● FOB testing per CCHCS preventive services screening guidelines. ● Bone density testing per CCHCS preventive services screening guidelines.
HORMONE THERAPY >1 YEAR	Q 6-12 months	Serum testosterone Q 6-12 months Serum estradiol prn CBC, LFTs Q 6-12 months	Normal physiologic range for testosterone < 50 pg/ml for estrogen	

Adapted from Endocrine Society Guidelines: Endocrine Treatment for Transsexual Persons 2009

*Please see California Correctional Health Care Services Inmate Medical Services Policy and Procedures Transgender Policy for further information

Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the clinical circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient. Refer to "Disclaimer Regarding Care Guides" for further clarification.

ELIGIBILITY FOR HORMONE THERAPY

1. Fulfill DSM or ICD 10 criteria for GID or transsexuals
2. Does not suffer from psychiatric comorbidity that interferes with the diagnostic work up or treatment
3. Able to demonstrate knowledge and understanding of the expected outcomes of hormone treatment as well as the medical and social risks and benefits

GOALS/RESULTS OF HORMONE THERAPY

Note: maximal physical effects may not be evident until ≥ 2 years of therapy. The degree of change varies from person to person, is limited by heredity, and cannot be overcome by increased doses.

MALE TO FEMALE	FEMALE TO MALE
Treatment with estrogen and antiandrogens can result in breast enlargement, body fat redistribution to approximate a female body habitus, decreased upper body strength, softening of the skin, decreased body hair, slowing the loss of scalp hair, decreased testicular size, decreased fertility and decreased frequency and firmness of erections	Treatment with testosterone can cause deepening of the voice, clitoral enlargement, mild breast atrophy, increased facial and body hair, male pattern baldness, increased upper body strength , weight gain, increased sexual interest and decreased hip fat.

MENTAL HEALTH PROVIDERS: HORMONE THERAPY FOR TRANSGENDER PATIENTS

INITIAL ASSESSMENT

Patient identifies as Transgender, Transsexual, or Gender Identity Disorder

PATIENTS NOT CURRENTLY RECEIVNG TRANSGENDER HORMONE THERAPY

AN IN HOUSE DESIGNATED MENTAL HEALTH TRANSGENDER SPECIALIST WILL

OBTAIN THE FOLLOWING EVALUATION PRIOR TO INITIATION OF HORMONE THERAPY

- Confirm eligibility and readiness for transgender hormone therapy
- Confirm that patient-inmate is requesting hormone therapy.
- Confirm relevant background information (**Appendix A**).
- Obtain a thorough history and perform a thorough mental health evaluation to accurately diagnose Gender Identity Disorder (**Appendix B**) and co-morbid conditions.
- Confirm that the patient-inmate has significant distress due to the disparity between self image and current physical gender.
- Confirm that the patient-inmate is aware of the benefits and risks regarding what hormone therapy can and cannot do, and is aware of the potential side effects and possible complications of hormone therapy.
- Provide a minimum of 12 months of pre-treatment counseling, education and assessment and confirm readiness (**Appendix C**) for transgender hormone therapy.

MAKE APPROPRIATE REFERRALS

- Contact outside Transgender Specialist (**Appendix D**), if needed, in the event of uncertainty regarding diagnosis or readiness for transgender hormone therapy, or if the institution does not have qualified (**Appendix E**) in house expertise.
- Refer to primary care physician to rule out medical contraindications and to consider initiation of hormone therapy.
- Provide needed information to the medical provider responsible for completing the medical classification chrono for appropriate accommodations and housing assignment.

PROVIDE ONGOING MENTAL HEALTH SERVICES

- Accurately diagnose comorbid conditions.
- Develop an individualized treatment plan based upon medical and mental health evaluation of the individual's specific needs including consideration given to culturally based variation in attitudes and expectations regarding gender identity.
- Provide mental health management and ongoing therapy as needed.
- Function as colleagues on a team of professionals with an interest in gender identity disorders.
- Provide education to medical, mental health and custody staff about gender identity disorder.

PATIENTS CURRENTLY RECEIVING TRANSGENDER HORMONE THERAPY

AN IN HOUSE DESIGNATED MENTAL HEALTH TRANSGENDER SPECIALIST WILL

CONTINUE THERAPY WHILE COMPLETING THE FOLLOWING EVALUATION

- Confirm history of transgender hormone therapy
- Prescribing physician
- Medications and doses
- Length of time on hormone therapy

CONFIRM ELIGIBILITY FOR HORMONE THERAPY

- Obtain a thorough history and perform a thorough mental health evaluation to accurately diagnose Gender Identity Disorder and co-bid conditions.

MAKE APPROPRIATE REFERRALS

- Refer to primary care physician, with documentation confirming pre-incarceration hormone therapy, medications and doses, in order to rule out medical contraindications and, if appropriate, to continue hormone therapy.
- Refer to outside Transgender Specialist if needed, in cases where there is uncertainty regarding the diagnosis or the need to continue transgender hormone therapy, if discontinuation of hormone therapy is recommended, or if the institution does not have qualified in house expertise.
- Provide needed information to the medical provider responsible for completing the medical classification chrono for appropriate housing assignment or accommodation.

PROVIDE ONGOING MENTAL HEALTH SERVICES

- Accurately diagnose comorbid conditions.
- Develop an individualized treatment plan based upon medical and mental health evaluation of the individual's specific needs including consideration given to culturally based variation in attitudes and expectations regarding gender identity.
- Provide mental health management and ongoing therapy as needed.
- Function as colleagues on a team of professionals with an interest in gender identity disorders.
- Provide education to medical, mental health and custody staff about gender identity disorder.

MENTAL HEALTH PROVIDERS APPENDIX: HORMONE THERAPY FOR TRANSGENDER PATIENTS

APPENDIX A: RELEVANT BACKGROUND INFORMATION FOR INITIATION OF HORMONE THERAPY

1. Fulfill DSM or ICD 10 criteria for GID or transsexualism
2. Perceived benefits of hormone therapy received
3. Any medical conditions which may be exacerbated by hormone therapy
4. Any co-morbid psychiatric and substance abuse history
5. Any prior documented history of hormone therapy or hormone therapy counseling .

APPENDIX B: DIAGNOSTIC CRITERIA FOR GID

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex.
The disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or conviction that he or she has the typical feelings and reactions of the other sex.

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
The disturbance is manifested by symptoms such as getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

APPENDIX C: READINESS CRITERIA FOR TRANSGENDER HORMONE THERAPY

1. The patient has had further consolidation of gender identity during psychotherapy.
2. The patient has made progress in mastering other identified problems leading to improving or continuing stable mental health (this implies satisfactory control of problems such as sociopathy, substance abuse, psychosis, and suicidality).
3. The mental health evaluation shall also determine that the patient has capability for informed consent and identify any barriers or psychiatric contraindications to transgender therapies under consideration. The evaluation shall include an interview investigation as to the potential existence of other prison specific motivators, whether for personal secondary gain, or from external pressures exhibited on the patient-inmate.
4. The patient is likely to take hormones in a responsible manner.

APPENDIX D: MINIMAL CRITERIA FOR QUALIFICATION AS A MENTAL HEALTH TRANSGENDER SPECIALIST

1. Master's Degree or above in a clinical behavioral sciences field or medical degree with a psychiatry specialty, granted by an accredited institution and;
2. Documented credentials from a proper training facility and licensing board and;
3. Specialized training and competence in the assessment of DSM IV-TR Sexual Disorders and;
4. Documented supervised training and competence in psychotherapy and;
5. Continuing education in the treatment of gender identity disorders or;
6. A medical degree with specialized training in gender identity disorder.

APPENDIX E: QUALIFICATIONS FOR IN HOUSE MENTAL HEALTH EXPERTISE

1. Masters Degree or above in a clinical behavioral sciences field, granted by an accredited institution
2. Documented credentials from a proper training facility and licensing board
3. Continuing education in the treatment of gender identity disorders

APPENDIX F: LETTER OF RECOMMENDATION FOR HORMONE THERAPY: CONTENTS

1. The patient-inmate's general identifying characteristics
2. The initial and evolving gender, sexual, and other psychiatric diagnoses
3. The duration of the author's professional relationship with the patient-inmate, including the type of psychotherapy or evaluation that the patient underwent
4. The eligibility criteria that have been met and the mental health professional's rationale for hormone therapy
5. The degree to which the patient-inmate has followed treatment recommendations to date and the likelihood of future compliance
6. Whether or not the author of the report is part of a gender identity disorder treatment team

APPENDIX G: DEFINITIONS

GID: Gender Identity Disorder is a DSM IV TR diagnosis signifying distress caused by a disparity between the individual's self identified gender and his or her biological or phenotypical gender.

TRANSGENDER: A general term applied to a variety of individuals, behaviors, and groups involving tendencies to vary from the usual gender roles. Transgender is the state of one's "gender identity" (self-identification as woman, man, neither or both) not matching ones "assigned sex" (identification by others as male, female or intersex, based on physical/genetic sex). "Transgender" does not imply any specific form of sexual orientation; transgender people may identify as heterosexual, homosexual, bisexual, pansexual, polysexual, or asexual; some may consider conventional sexual orientation labels inadequate or inapplicable to them. The precise definition for transgender remains in flux, but includes:

- "Of, relating to, or designating a person whose identity does not conform unambiguously to conventional notions of male or female gender roles, but combines or moves between these."
- "People who were assigned a sex, usually at birth and based on their genitals, but who feel that this is a false or incomplete description of themselves."
- "Non-identification with, or non-presentation as, the sex (and assumed gender) one was assigned at birth."

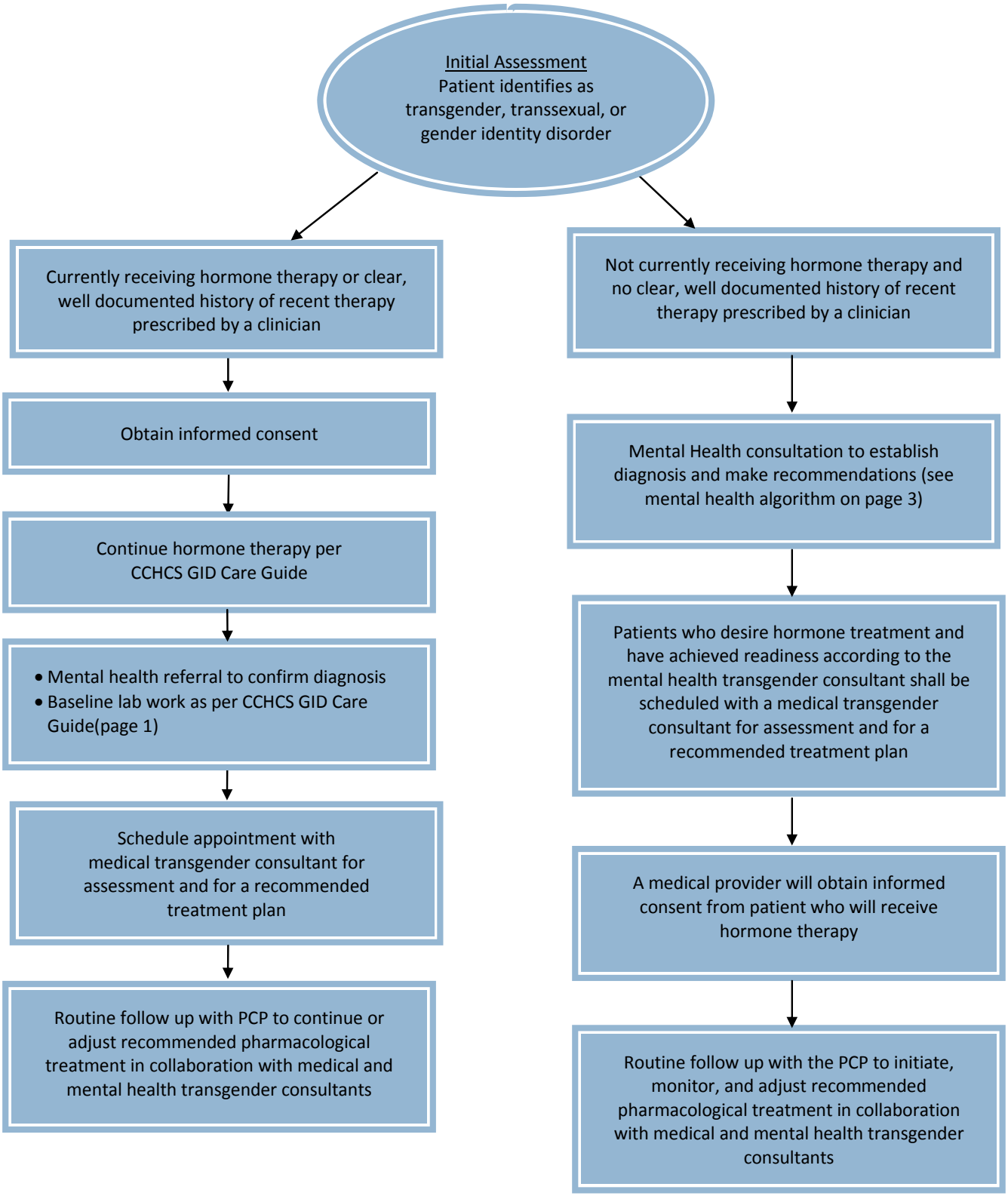
A transgender individual may have characteristics that are normally associated with a particular gender, identify elsewhere on the traditional gender continuum, or exist outside of it as "other," "agender," "bigender" or "third gender".

HORMONE THERAPY: Medical prescription of masculinizing or feminizing hormones, together with corresponding medical and laboratory evaluation and follow up, provided to transgender patient-inmates to enable physical changes consistent with the patient's internalized gender identity.

REFERENCES

A. Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR Revised

MEDICAL PROVIDERS: HORMONE THERAPY FOR TRANSGENDER PATIENTS



HORMONE THERAPY FOR MALE TO FEMALE TRANSSEXUAL PERSONS

MEDICATION CLASS	MEDICATION*	COMMENTS	SIDE EFFECTS	COST
ESTROGEN				
Oral	estradiol -NF 2 - 6 mg daily	• Add aspirin 81 - 325 mg for all patients who do not have contraindications, especially if cigarette smoker, obese, >40 years old, cardiac risk factors • Stop all estrogens 2 weeks prior to major surgery/ immobilizing event, resume when normal mobility restored • Response to treatment is highly variable	• Increased thromboembolic disease, including venous thrombosis & pulmonary embolism • Increased risk of pituitary prolactinoma • Increased risk for hypertension, diabetes, liver disease, weight gain, gallstones, emotional lability	$
Transdermal	estradiol patch-NF 0.1 - 0.4 mg twice weekly			$$
Parenteral	**estradiol valerate** 5 - 20 mg IM every 2 weeks			$$
	estradiol cypionate-NF 2 - 10 mg IM (only) every 2 weeks			$$
ANDROGEN SUPPRESSANTS				
	spironolactone 100 - 200 mg po twice daily	• Contraindicated with renal insufficiency and/or potassium >5.5 • Avoid use in patients who are receiving digoxin, ACE inhibitors, potassium sparing diuretics	Hyperkalemia Dehydration Hyponatremia	$
	finasteride-NF (Proscar®/Propecia®) 5 - 10 mg po daily			

***Bold**=Formulary, NF=Non Formulary

HORMONE THERAPY FOR FEMALE TO MALE TRANSSEXUAL PERSONS

MEDICATION CLASS	MEDICATION*	COMMENTS	SIDE EFFECTS	COST
TESTOSTERONE				
Parenteral	Testosterone cypionate NF 50 - 200mg IM (only) q 2 weeks Testosterone enanthate NF 50 - 200mg IM (only) q 2 weeks	• During the first 3-9 months of testosterone treatments total testosterone levels may be high although free testosterone levels are normal due to high sex hormone binding globulin levels is some biological women • 15% of patients on testosterone will experience transient elevations in liver enzymes • Do not use cypionate and enanthate interchangeably due to differences in duration of action	Infertility, hypertension, acne, oily skin, vaginal atrophy, deepening of voice, clitoral enlargement, fat redistribution, scalp hair loss, facial and body hair growth, emotional lability, shift to male pattern lipid profile, increased risk coronary artery disease, benign and malignant liver tumors	$
Topical	testosterone gel 1% NF 20 - 100 mg testosterone/day			$$
	testosterone patch 24 hr (daily) NF 2.5 - 7.5 mg/day			$$$

TESTOSTERONE LEVEL TESTING AND TITRATION

TESTOSTERONE FORM	TIMING OF LAB TESTING	TITRATION RECOMMENDATION
testosterone enanthate	Midway between injections	Titrate the testosterone dose to result in a serum testosterone level between 350 to 750 ng/dL.
testosterone cypionate	Midway between injections	
Transdermal testosterone	Anytime after first week of therapy	

***Bold**=Formulary, NF=Non Formulary

PATIENT EDUCATION / SELF MANAGEMENT

FEMALE-TO-MALE HORMONE THERAPY: WHAT YOU SHOULD KNOW

The process of changing your gender is a serious, important, and potentially dangerous project. The normal process of going through puberty is gradual, and transforming a female body to a male body also takes time. This transformation process can be physically hard on your body . There are several things you can do to safely achieve optimum results both physically and psychologically. This sheet contains some general principles that we will address with you many times. In reviewing the medical literature, communicating with other gender centers, and following patients for years, we have found them to be sound principles that result in safer transitions with excellent results. This information may be different from things you may hear from friends, on the Internet, or from other doctors.

1. Gender change is a gradual change both physically and psychologically. Your body and mind need time to adjust in a healthy manner.
2. Living in your chosen role is an important part of this process. For a variety of reasons, some transsexual individuals are not able or willing to live in their chosen role. Your physician may still prescribe hormones in these cases, assuming you continue to receive psychotherapy. Your doctor will have ongoing discussions with you about your thoughts on this process.
3. Hormones are potent medications with potentially serious side effects. They must be used carefully and with regular monitoring.
4. We will work with you to optimize your health in all areas, not just specific to gender. We will have frank discussions about how cigarettes, alcohol, illicit drugs, and obesity may impact your health and gender transition.
5. Our goal is to give you the best clinical results in the safest possible manner. Larger hormone doses may be associated with more side effects than smaller doses, some of these side effects may be very dangerous or life threatening.
6. It is important that you take the hormones and other medications exactly as prescribed by your physician. Failure to do so may result in discontinuation of your hormone therapy.
7. Testosterone increases your risk of heart disease, as does cigarette smoking. Cigarette smoking is prohibited within the California Department of Corrections and Rehabilitation. If you choose to smoke, your physician may choose not to prescribe hormones or to prescribe lower doses. It is also important to minimize other risk factors for heart disease, such as controlling cholesterol, maintaining normal body weight, and exercising.
8. Abuse of alcohol and other drugs must be dealt with before any other therapy is initiated.
9. We strongly recommend that you continue a relationship with a mental health professional who is experienced with transgender issues. In many cases, hormone therapy is contingent on a continued relationship with a therapist.
10. The highest priority of our transgender treatment program is the medical safety of persons receiving hormone therapy.

PATIENT EDUCATION / SELF MANAGEMENT

MALE-TO-FEMALE HORMONE THERAPY: WHAT YOU SHOULD KNOW

The process of changing one's gender is a serious, important, and potentially dangerous project. The normal process of going through puberty is a gradual one, and transforming a male body to a female body also takes time. There are several things you can do to safely achieve optimum results both physically and psychologically. This sheet contains some general principles that we will address with you many times. In reviewing the medical literature, communicating with other gender centers, and following patients for years, we have found them to be sound principles that result in safer transitions with excellent results. This information may be different from things you may hear from friends, on the Internet, or from other doctors.

1. Gender change is a gradual change both physically and psychologically. Your body and mind need time to adjust in a healthy manner.

2. Living in your chosen role is an important part of this process. For a variety of reasons, some transsexual individuals are not able or willing to live in their chosen role. Your physician may still prescribe hormones in these cases, assuming you have continued psychotherapy. Your doctor will have ongoing discussions with you about your thoughts on this process.

3. Hormones are potent medications with potentially serious side effects. They must be used carefully and with regular monitoring.

4. We will work with you to optimize your health in all areas, not just specific to gender. We will have frank discussions about how cigarettes, alcohol, illicit drugs, and obesity may have an impact on your health and gender transition.

5. Our goal is to give you the best clinical results in the safest manner possible. Larger hormone doses may be associated with more side effects than smaller doses, some of these side effects may be very dangerous or life threatening.

6. It is important that you take the hormones and other medications exactly as prescribed by your physician. Failure to do so may result in discontinuation of your hormone therapy.

7. Estrogen increases your risk of heart disease, as does cigarette smoking. Cigarette smoking is prohibited within the California Department of Corrections and Rehabilitation. If you choose to smoke, your physician may choose not to prescribe hormones or prescribe lower doses. It is important to minimize other risk factors for heart disease, such as controlling cholesterol, maintaining normal body weight, and exercising.

8. Abuse of alcohol and other drugs must be dealt with before any other therapy is initiated.

9. We strongly recommend you continue a relationship with a mental health professional who is experienced with transgender issues. In many cases, hormone therapy is contingent on a continued relationship with a therapist.

10. The highest priority of our transgender treatment program is the medical safety of persons receiving hormone therapy.

Consent Form: Administration of Female Hormones to Biologic Males

The use of female hormones (estrogen) in males has profound and often irreversible effects. These effects include, but are not limited to:

- Enlargement and increased sensitivity of the breasts, weight change, decreased muscle mass, shrinkage of the genitals, infertility, decreased libido (sex drive), and changes in mood and personality.
- The use of female hormones can cause the following conditions: fluid retention, nausea, jaundice (yellowing of the skin), headache, dizziness, depression, changes in vision, and decreased glucose tolerance.
- Estrogen use in biologic males has been associated with increased risk of liver abnormalities (including noncancerous and cancerous tumors); elevated blood pressure, gallbladder disease; milk production from the breasts; noncancerous growths of the pituitary gland (a part of the brain); blood clots in the veins, which may be crippling; blood clots in the lungs; stroke; heart attack; and breast tumors
- Complications occurring from the use of female hormones can rarely cause death.
- Additional effects, risks, and adverse reactions not known at this time may also exist.
- The effects associated with the use of female hormones may or may not be reversible by discontinuing their use.

___ I have read this document and have been given the opportunity to discuss the effects, risks, and possible adverse reactions of the use of female hormones.

___ Having discussed these matters, I voluntarily give my informed consent to use female hormones (estrogen and possibly progesterone) along with the anti-testosterone drug spironolactone for the purpose of transition to the female gender.

___ I agree to undergo regular physical examinations and laboratory testing as required by my treating physician.

___ I agree not to change hormone dosages without consultation with my physician. I realize that doing so may result in my discontinuation in the gender change program.

___ I have received and read patient education/self management materials. All my questions and concerns have been adequately addressed and I understand the information provided.

Patient Signature	CDCR #	Print name as signed	Date

Witness Signature	Print name of witness as signed	Title	Date

Consent Form: Administration of Male Hormones to Biologic Females

The use of male hormones (testosterone) in females has profound and often irreversible effects. These effects include, but are not limited to:

- Increased growth and coarseness of body hair, including facial hair; male pattern baldness; deepening of the voice; weight change; increased muscle mass; clitoral enlargement; infertility; increase in libido (sex drive); and changes in mood and personality.
- The use of male hormones can cause the following conditions: acne; nausea; jaundice (yellowing of the skin); liver abnormalities; headache, which may be severe; depression; anxiety; and increased blood glucose and increased serum cholesterol levels.
- Increased incidence of arteriosclerosis; coronary artery disease; congestive heart failure; abnormalities of the liver, including both benign and cancerous tumors; and ovarian cysts have been documented in persons receiving male hormones.
- Complications occurring from the use of male hormones can rarely cause death.
- When taken during pregnancy, male hormones can adversely affect fetal development.
- Additional effects, risks, and adverse reactions not known at this time may also exist.
- The effects associated with the use of male hormones may or may not be reversible by discontinuing their use.

____ I have read this document and have been given the opportunity to discuss the effects, risks, and possible adverse reactions of the use of male hormones.

____ Having discussed these matters, I voluntarily give my informed consent to use male hormones (testosterone) for the purpose of transition to male gender.

____ I agree to undergo regular physical examinations and laboratory testing as required by my treating physician.

____ I agree not to change hormone dosages without consultation with my physician. I realize that doing so may result in my discontinuation in the gender change program.

____ I have received and read patient education/self management materials. All my questions and concerns have been adequately addressed and I understand the information provided.

Patient Signature	CDCR #	Print name as signed	Date

Witness Signature	Print name of witness as signed	Title	Date