#### Feminizing Medications for Patients with Gender Dysphoria

#### Patient Information and Informed Parental Consent and Assent for Minors

Before a minor starts or continues treatment with hormones or hormone antagonists, you and the minor need to be aware of the effects and possible risks associated with use of these medications.

After your questions or concerns are addressed and you have decided to have the minor start or continue treatment with hormones or hormone antagonists, a parent/legal guardian and the minor must initial the statements below and sign this form. Both the parent/legal guardian and the minor must sign in person.

Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient's psychological functioning in some, but not all, research studies. This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments.

#### What are the medications that can feminize one's appearance?

Treatment with hormones is called hormone replacement therapy or HRT. HRT will require taking estrogen, as well as medicines to block the body from producing or utilizing testosterone. Use of these medications by minors even when the criteria listed below are followed, does not have U.S. Food and Drug Administration (FDA) approval to be used by minors and its use in this population is considered "off label" because they are not being used for their intended purpose.

Different forms of estrogen are used to feminize one's appearance. Estrogen can be given as an injection either weekly or every other week, as a pill that is taken daily or twice a day, or as a patch that is changed weekly or every three or four days.

#### Please initial below to acknowledge your understanding of the information on this page.

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)

Medications that block the production or effects of testosterone are called androgen blockers. Spironolactone is the androgen blocker that is most commonly used in the United States. In some cases, Bicalutamide, an antiandrogen, is used to block the effects of testosterone, though it will not reduce testosterone levels. Bicalutamide (brand name Casodex) is a cancer drug approved for the treatment of prostate cancer. Fulminant hepatotoxicity, a severe liver injury often resulting in death, has been noted with bicalutamide use.

Every medication has risks, benefits, and side effects that are important to understand before taking. The effects and side effects of medicines used to treat gender dysphoria must be monitored with laboratory studies and regular visits to the minor's prescribing physician to make sure that there are no negative medical or mental health effects.

HRT, the use of androgen blockers and antiandrogens, and the treatment process can affect a minor's mood. Therefore, minors must be under the care of a licensed mental health care professional while undergoing treatment. This professional can work with the minor, your family and friends, and your school staff.

# What are my other options if I do not wish to start or continue my minor's treatment with hormones, hormone antagonists, or antiandrogens?

One option available is psychological therapy with a mental health. This is recommended regardless of whether or not the minor undergoes treatment with hormones, hormone antagonists, or antiandrogens due to the high risk of anxiety, depression, self-harm, and suicide. Other options may be discussed with your prescribing physician.

#### What are the requirements to receive hormone replacement therapy (HRT)?

To receive HRT, there are specific requirements that need to be met before and during treatment. These requirements will allow the prescribing physician to monitor the minor's medical and mental health status during treatment. If these requirements are not met, HRT may be discontinued by the prescribing physician.

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Parent/lega guardian (required)	Parent/legal guardian (optional)	Minor (required)

Before beginning or continuing HRT, a minor must undergo a thorough psychological and social evaluation performed by a Florida licensed board-certified psychiatrist or a Florida licensed psychologist. The psychiatrist or psychologist must submit a letter to the prescribing physician confirming this.

The specific requirements for a minor to receive and continue HRT treatment include the following:

- 1. Has met the criteria for gender dysphoria in the current Diagnostic and Statistical Manual of Mental Disorders or International Classification of Diseases;
- 2. Has pubertal changes resulting in an increase in gender dysphoria;
- 3. Does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment;
- 4. Has psychological and social support during treatment;
- 5. Has experienced puberty to at least Tanner Stage 2 (first stage of puberty), which must be confirmed by a physician;
- 6. Demonstrates knowledge and understanding of the risks, benefits, and expected outcomes of HRT as well as the medical and social risks and benefits of sex reassignment surgery;
- 7. Undergoes an in-person evaluation by the prescribing physician or their designated covering physician at least every 6 months;
- 8. Undergoes a suicide risk assessment by a licensed mental health care professional at least every 3 months;
- 9. Undergoes relevant laboratory testing at least every 4 months;
- 10. X-ray of the hand (bone age) at least once a year if the minor is still growing;
- 11. Annual bone density scan (DEXA) which will allow monitoring of the minor's bone density (bone strength) during treatment, which can be altered by HRT;
- 12. Annual mental health assessments by a Board-certified Florida licensed psychiatrist or psychologist; and
- 13. Continued counseling with a licensed mental health care professional during the treatment period, with the frequency recommended by the licensed mental health care professional.

#### Please initial below to acknowledge your understanding of the information on this page.

]	Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)

Please initial each statement on this form to show that you understand the benefits, risks, and changes associated with treating a minor with feminizing medications.

# **Effects of Feminizing Medications**

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)	Statement
			Feminizing medications, including estrogen, androgen blockers, or antiandrogens, given singularly or in combination, may be prescribed to make a minor appear less masculine and more feminine
			It can take several months or longer for the effects of feminizing medications to become noticeable and no one can predict how fast or how much change will occur.
			This treatment will not change the minor's biological sex or chromosomes.
			<ul> <li>If a minor takes estrogen, the following changes in a minor's breasts will occur:</li> <li>Breasts will develop but will not reach their full size for several years</li> <li>Breasts will remain even if estrogen treatment is discontinued</li> <li>A milky discharge from the nipples may appear, which should be reported the minor's prescribing physician</li> <li>The minor's risk of breast cancer may significantly increase</li> </ul>
			<ul> <li>If a minor takes feminizing medications, the minor's body will make less testosterone, which may affect the minor's sex life in different ways, including:</li> <li>The minor's testicles may shrink</li> <li>The minor's penis may never fully develop, particularly if the minor has previously taken puberty blockers</li> <li>The minor will have fewer spontaneous erections</li> <li>The minor's sperm may no longer mature causing infertility which may be permanent</li> </ul>

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	<ul> <li>even if treatment is discontinued, the risk of which is increased if the minor took puberty blockers prior to starting feminizing medications</li> <li>Conversely, it is possible that a minor's sperm could still mature while taking feminizing medications and the minor may cause someone to get pregnant</li> </ul>
	To improve the possibility that the minor may have biological children in the future, the options for sperm banking by the minor have been explained.
	<ul> <li>If a minor takes feminizing medications, some parts of the minor's body will not change much, including:</li> <li>If present, the minor's facial hair may grow more slowly, but it will not go away completely even after taking feminizing medications for many years</li> <li>If present, the minor's body hair may grow more slowly, but it will not go away completely even after taking feminizing medications for many years</li> <li>If the minor went through puberty and has a deep voice, the pitch of the minor's voice will not rise and the minor's speech patterns will not become more like a woman's</li> <li>If present, the minor's Adam's apple will not shrink</li> </ul>
	<ul> <li>Even if a minor stops taking feminizing medications, the following changes may occur:</li> <li>The minor's body fat may be redistributed with less fat on the abdomen and more on the buttocks, hips, and thighs creating a more female shape</li> <li>The minor may have decreased muscle mass and strength in the upper body</li> <li>The minor's skin may become softer</li> </ul>
	Mood changes may be caused by these medicines, and the minor will continue therapy with a licensed mental health care professional during treatment.
	Using these medicines to feminize a minor is an off-label use of the medications. This means these medications are not approved by the FDA for this

purpose. I know that the medicine and dose that is
recommended is based solely on the judgment and
experience of the minor's prescribing physician
and there is no data in the medical literature or
controlled research studies that support the timing,
dosing, and type of administration of feminizing
medications for minors.

# Risks of Feminizing Medications

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)	Statement
			The medical effects and the safety of minors taking
			femininizing medications are not completely known
			and there may be unknown long-term risks.
			Taking feminizing medications causes changes that
			other people will notice.
			Treatment with femininizing medications will not
			prevent serious psychiatric events, including
			suicide.
			The minor must not take more feminizing
			medication than prescribed. Taking too much
			medication:
			Will increase health risks
			Will not make changes happen more quickly or
			more significantly
			Taking feminizing medication can damage the
			liver and possibly lead to liver disease.

## Risks of Estrogen

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)	Statement
			Estrogen SHOULD NOT be used by anyone who has a history of:  • Any estrogen-dependent cancer  • Any disorder that makes them more likely to get blood clots that could travel to the lungs unless they are also taking blood thinners and are being followed by a specialist

Estrogen should be used WITH CAUTION and
only after a full discussion of risks by anyone who:
Has a family history of breast cancer or other
cancers that grow more quickly when
estrogens are present
Has a family history of heart disease
Has diabetes
<ul> <li>Has chronic hepatitis or other liver disease</li> </ul>
<ul> <li>Has high levels of cholesterol</li> </ul>
Has migraines or seizures
• Is obese
Smokes cigarettes or uses tobacco products
Taking estrogen increases the risk of blood clots and
problems with blood vessels that can result in:
Chronic problems with veins in the legs, which
may require surgery
Heart attack which may cause permanent heart
damage or death
• Pulmonary embolism (blood clot in the lungs),
which may cause permanent lung damage or
death
• Stroke, which may cause permanent brain
damage or death
The risk of blood clots while take estrogen is much
greater if the minor smokes cigarettes. The danger is
so high that the minor should stop smoking completely
while taking estrogen.
Taking estrogen can increase the deposits of fat around
internal organs, which increases the risk for diabetes and
heart disease, which in turn increases the risk of heart
attack and stroke.
Taking estrogen can raise blood pressure, which
increases the risk of heart attack and stroke.
Taking estrogen increases the risk of gallstones
(stones in the gallbladder). Any long-term abdominal
pain experience by the minor while taking estrogen
must be reported to the minor's prescribing
physician.
Taking estrogen increases the risk of elevated
prolactin levels and prolactinomas, which are non-
cancerous tumors of the pituitary gland. While not
typically life threatening, prolactinomas can damage the

minor's vision and cause headaches if not treated
properly. Any changes in the minor's vision, the
occurrence of headaches that are worse when
waking up in the morning, or any milky discharge
from the nipples must be reported to the minor's
prescribing physician.
Taking estrogen can cause nausea and vomiting. Any
long-term nausea or vomiting must be reported to the
minor's prescribing physician.
Taking estrogen can cause migraines or can make them
worse if the minor already has them.
Taking estrogen can cause hot flashes.
Taking estrogen can cause the minor to feel tired and
have difficulty focusing.

# Risks of Androgen Blockers and Antiandrogens (Spironolactone and Bicalutamide)

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)	Statement
			Taking Spironolactone affects the balance of water
			and salt in the kidneys, which may:
			• Increase the amount of urine produced by the
			minor's kidneys, making it necessary to urinate
			<ul><li>more frequently</li><li>Increase the minor's thirst</li></ul>
			• Increase the minor's risk of dehydration, which
			can be evidenced by less frequent urination than
			usual, dark and strong-smelling urine, thirst, and
			light-headedness
			Taking Spironolactone affects the balance of
			potassium in the kidneys, which may result in the minor experience high potassium levels resulting in:
			Changes in heart rhythms that may be life threatening
			Low blood pressure, which can cause:
			Fatigue
			Lightheadedness
			<ul><li> Eightheadedness</li><li> Tingling feelings</li></ul>
			Muscle weakness
			<ul><li>Shortness of breath</li></ul>

• The minor's need for regular blood tests to
monitor risks while on the medication
Taking Bicalutamide may cause numerous side effects
which should be reported to the minor's prescribing
physician, including:
Hot flashes or flushing
Bone, back, or pelvic pain
Muscle weakness
Muscle or joint pain
Headaches     Shortman Charath
Shortness of breath
• Chest pain
Elevated blood pressure  Secultive of the level of the cultive and the control of the cultive and the cul
Swelling of the hands, feet, ankles, or lower legs
• Cough
Constipation
Nausea     Nausiting
• Vomiting
Abdominal pain  D: 1
• Diarrhea
• Gas
• Changes in weight (loss or gain)
• Loss of appetite
• Dizziness
Pain, burning, or tingling in the hands or feet  Piggate 1.
Difficulty sleeping
Feeling of uneasiness or dread
• Rash
• Sweating
Need to urinate frequently during the night
Bloody urine  Bright 1997 14 1997  Bright
Painful or difficult urination
Frequent and urgent need to urinate
Difficulty emptying bladder
Painful or swollen breasts  Y. II
Yellowing of the skin or eyes
Pain in the upper right part of the abdomen
Extreme tiredness
Unusual bleeding or bruising
• Lack of energy
Upset stomach

	•	Loss of appetite
	•	Flu-like symptoms
	•	Dull or sharp side pain

## **Requirements of Treatment with Feminizing Medications**

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)	Statement
			Compliance with the requirements explained
			above is a prerequisite for a minor to receive
			treatment with feminizing medications.
			The prescribing physician may stop prescribing
			feminizing medications if the prescribing
			physician or mental health care professionals
			providing treatment pursuant to this consent
			determine the benefit of treatment no longer
			outweighs the risks, there is insufficient social or
			psychological support, or the requirements in this
			consent are not met.
			The parent/guardian or the minor can change their
			mind and stop treatment at any time although
			some effects of HRT may be permanent.

# **Prevention of Complications while under Treatment with Feminizing Medications**

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor (required)	Statement
			The undersigned parent(s)/legal guardian(s) agree(s) to notify the minor's prescribing physician if the minor suffers from any side effects during treatment or is unhappy with the treatment in any way, particularly if the parent(s)/legal guardian(s) has/have any concerns that the minor has worsening signs of depression or anxiety or expresses a desire harm themselves or attempt suicide.
			The prescribing physician is required to monitor the minor for any side effects during treatment and may refer the minor to another physician or specialist for treatment. The undersigned

		parent(s)/legal guardian(s) agree(s) to take the		
		minor to physicians and specialists as		
		recommended by the prescribing physician.		
PARE	ENTAL CONSENT:			
Γhe si	ignature(s) below confirm(s) the follo	owing:		
1	1. The minor's prescribing physician h	as fully informed me about:		
	a. the benefits and risks of taking	g feminizing medications;		
	b. the possible or likely consequ	_ ·		
	c. potential alternative treatment	S.		
2.	The information provided to me in this form and by the prescribing physician includes the known effects and risks of treatment with feminizing medications. I know that there may be other unknown short-term and long-term effects or risks which may be irreversible.			
3.	I have had sufficient time and opport minor's prescribing physician.	unity to discuss relevant treatment options with the		
4.	All my questions have been answer physician.	red to my satisfaction by the minor's prescribing		
5.	I know enough to give informed consfeminizing medications.	sent for the minor to take, refuse, or postpone taking		
6.	The Florida Board of Medicine or the Florida Board of Osteopathic Medicine requires that your prescribing physician provide this form in accordance with section 456.52, F.S. This form contains information required to be disclosed to you by Florida law and does not necessarily reflect the views or opinions of your physician.			
7.	My signature below attests to my consmedications.	sent for the minor to begin treatment with feminizing		
Parent	/legal guardian's printed name (require	<u>d)</u>		

Parent/legal guardian's signature (required)

Date

Parent/legal guardian's printed name (optional)	
Parent/legal guardian's signature (optional)	Date
PRESCRIBING PHYSICIAN SIGNATURE:	
My signature below attests to my compliance with se	ction 456.52, Florida Statutes.
Prescribing physician's printed name (required)	
Prescribing physician's signature (required)	Date
ASSENT OF A MINOR:	
I have discussed the benefits and risks of treatment wit physician, parent(s) or legal guardian(s), and I wish to	
Minor's printed name (required)	
Minor's signature (required)	Date

WITNESS:	
Witness' printed name (required)	
Witness' signature (required)	Date
FOR PATIENTS WHOSE PRIMARY LANGU.	AGE IS NOT ENGLISH:
I certify that I am fluent in English and in the nativand/or assent on the above form. I certify that I has contents of this form, and that the patient and/or ad has indicated understanding of the contents of this form.	we accurately and completely interpreted the ult(s) legally responsible for the minor child
Interpreter's printed name	
Interpreter's signature	Date