<u>Informed Consent for Letter for Feminizing/Masculinizing Hormone Therapy</u>

Name (currently used)		Date
Name (legal)-		Age:
SS	dob	email:
address		
City	State	Zip Code:
Phone (c)	(Work)	(Home)
Occupation		Place of employment
Gender	Anato	mical Sex-
I have crossdressed part-tim	e / full-time for	months / years.
Presently, I do / do not dres	s in my gender of choice	e at work.
I have included my biological hormone therapy.	family / children / pare	nts / present partner / in my decision to begin
I have been in therapy for regarding medical intervention		of time) . I have addressed any concerns I have had
Please initial the statements	that are true for you.	
		m requesting a letter from my therapist to my desire to begin hormone therapy at this time.
I have been informe	ed by my therapist of the	e benefits and risks of hormone therapy.
My therapist and I h	ave discussed reproduc	tion options (if applicable).
I believe I have the ca	apacity to make a fully in	nformed decision to consent to treatment at this
time.		
I believe I have no me make a fully informed decision		oncerns that would interfere with my capacity to ent.

The WPATH view that the administration of exogenous endocrine agents to induce feminizing or masculine changes is a medically necessary intervention for many transsexual, transgender and gender non- conforming individuals with gender dysphoria.
I believe I live with gender dysphoria and that hormone therapy is medically necessary for me.
By signing this document, I am giving my informed consent for my therapist to write a letter supporting my choice to begin hormones at this time. I realize that decisions about hormones are first and foremost a client decision and not the decision of my therapist or doctor.
Signature