

Hormone Therapy Informed Consent Discussion

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Provider Name: _____

Provider Contact Information: _____

Purpose of Discussion

This document serves to confirm that we have discussed the potential benefits, risks, and alternatives to hormone therapy.

Overview of Hormone Therapy

Hormone therapy is used to manage symptoms associated with hormonal imbalances or transitions. The primary benefits include:

- Symptom relief
- Improved quality of life
- Support in gender transition (if applicable)

Potential Risks

The discussion included the following risks associated with hormone therapy:

- Cardiovascular issues
- Hormonal imbalance
- Increased risk of certain cancers

Alternatives to Hormone Therapy

Alternatives include:

- Non-hormonal medications
- Therapeutic lifestyle changes
- Hormone-related counseling

Patient Acknowledgment

I, _____, understand the information provided above and have had the opportunity to ask questions. I consent to proceed with hormone therapy.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____