

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**Male to Female**  
**Hormonal Therapy Risk and Information Form**

Hormone therapy may be all the treatment you need for your gender dysphoria. While you are being treated with hormones, you will be monitored to determine if the hormone treatment is benefiting you. Before starting hormone treatment you are encouraged to exercise regularly and stop smoking. Exercise improves the benefits of hormone treatment, while smoking causes increased risk of thromboembolic disease (blood clots) associated with hormone treatment. These blood clots can cause stroke, heart attack, lung damage, and/or death. To reduce the risk of forming blood clots, daily aspirin is often recommended for persons taking estrogen.

Blood tests will be taken to determine your health and suitability to begin hormone therapy. Some people may be unable to take hormones due to other health conditions.

You may be frustrated with how long hormone therapy takes to produce results, and you will need to be realistic about the extent of changes you can expect. For example, hormones cannot change the shape or height of your skeleton.

**Estrogen** can be prescribed for transsexual women with gender dysphoria and is often helpful in making their appearance more feminine.

- Noticeable changes may include:
- your penis and testicles may get smaller
- your body may redistribute body fat into a more female shape
- you may have less muscle
- you may have some breast development, which may be permanent

There may be side effects, although some transsexual women report feelings of calm and well-being after starting on hormone treatment.

**Estrogen** side effects may include:

- chest pain or heavy feeling, pain spreading to the arm or shoulder, nausea, sweating, general ill feeling;
- sudden numbness or weakness, especially on one side of the body;
- sudden severe headache, confusion, problems with vision, speech, or balance;
- pain, swelling, warmth, or redness in one or both legs;
- migraine headache;
- pain, swelling, or tenderness in your stomach;
- confusion, problems with memory or concentration;
- jaundice (yellowing of the skin or eyes);
- swelling in your hands, ankles, or feet;
- a breast lump; or
- sterility

Less serious side effects of estrogen may include:

- mild nausea, vomiting, bloating, stomach cramps;
- breast pain, tenderness, or swelling;
- freckles or darkening of facial skin;
- increased hair growth or loss of scalp hair;
- changes in weight or appetite;
- problems with contact lenses;
- mild headache, nervousness, dizziness, tired feeling; or
- mood swings.

These potential effects and side effects make it important to have regular medical check-ups

---

Inmate Name  
(Last, First)

DOC #

---

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**Male to Female**  
**Hormonal Therapy Risk and Information Form**

Medications known as androgen suppressants help to lessen the effects of your body's own androgens (male sex hormones). Spironolactone is an androgen suppressant and is sometimes used as part of treatment for gender dysphoria.

**Spironolactone** side effects may include:

- numbness or tingling
- muscle pain or weakness
- slow, fast, or uneven heartbeat
- feeling drowsy, lightheaded, or restless
- urinating less than usual or not at all
- shallow breathing
- tremors
- confusion
- nausea
- upper abdominal pain
- itching
- loss of appetite
- dark urine
- clay-colored stools
- yellow skin or eyes
- fever
- sore throat
- swelling of face or tongue
- burning eyes
- skin pain
- skin blistering & peeling
- headache
- intestinal gas

I have read the effects and side effects of the medication(s) which are being prescribed to me for gender dysphoria. I accept the potential risks inherent in this treatment. I have been given the opportunity to ask questions and discuss my treatment with my health care provider. By signing below, I acknowledge the risks, verify my understanding of the information provided, and consent to treatment with the medication(s) prescribed to me for gender dysphoria.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ DOC#: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

---

Inmate Name  
(Last, First)

DOC #

---