



Progesterone Consent Template

Progesterone is not included in standard hormone regimens but may be desired by some Two-Spirit, trans, Indigiqueer, and gender-diverse (2STIGD). Requests for progesterone are usually related to a desire to enhance breast development. While there is no clear evidence of benefit from progesterone, some 2STIGD people and clinicians believe that it may have a role in breast and areola/nipple development and/or may be beneficial for enhancing sex drive, sleep and mood.

Research suggests that taking a combination of both estrogen and progesterone carries higher risk for cardiovascular disease and breast cancer compared to taking estrogen on its own. This research came from a study of older cisgender women going through menopause who were using a type of estrogen that is no longer recommended. Because there is evidence showing increased risk associated with progesterone use and a lack of clear evidence showing benefits, progesterone is not generally recommended in published gender-affirming care guidelines. However, some experts believe that this evidence does not apply to 2STIGD people taking gender-affirming hormone therapy.

This means that some care providers may decide to include progesterone, at least for a trial period, after a careful discussion of risks and benefits. They may request that patients sign an additional consent form if progesterone is prescribed.

Additional risks from progesterone may include:	
Heart and circulation problems (cardiovascular disease)	Diabetes
Breast cancer	Testosterone-like effects such as increased body hair, acne
Mood changes including depression	Weight gain
Increased blood pressure and cholesterol	



Risks for some of these conditions may be affected by:

- Pre-existing physical or mental health conditions
- Family history of physical or mental health conditions
- Cigarette smoking or other substance use
- Nutrition, exercise, stress

_____ (name of care provider) has discussed with me the nature and purpose of gender-affirming hormone therapy; the benefits and risks, including the possibility that gender-affirming hormone therapy may not accomplish the changes I want; the possible or likely consequences of gender-affirming hormone therapy; and other alternative diagnostic or treatment options.

- I have read and understand the above information regarding gender-affirming hormone therapy, and accept the risks involved
- I have had enough opportunity to discuss my health, goals and treatment options with my care provider, and all of my questions have been answered to my satisfaction
- I believe I have adequate knowledge on which to base informed consent to receive gender-affirming hormone therapy
- I authorize and give my informed consent to receive gender-affirming hormone therapy

Patient signature _____ Provider signature _____

Date _____

