			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	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 more frequently • Increase the minor's thirst • 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
			  ○ Tingling feelings
			  ○ Muscle weakness
			  ○ Shortness of breath
			• 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 • Shortness of breath • Chest pain • Elevated blood pressure • Swelling of the hands, feet, ankles, or lower legs • Cough • Constipation • Nausea • Vomiting • Abdominal pain • Diarrhea • Gas • Changes in weight (loss or gain) • Loss of appetite • Dizziness • Pain, burning, or tingling in the hands or feet • Difficulty sleeping • Feeling of uneasiness or dread • Rash • Sweating • Need to urinate frequently during the night • Bloody urine • Painful or difficult urination • Frequent and urgent need to urinate • Difficulty emptying bladder • Painful or swollen breasts • 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	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	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.

PARENTAL CONSENT:

The signature(s) below confirm(s) the following:

1. The minor's prescribing physician has fully informed me about:
   a. the benefits and risks of taking feminizing medications;
   b. the possible or likely consequences of hormone therapy; and
   c. potential alternative treatments.

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 opportunity to discuss relevant treatment options with the minor's prescribing physician.

4. All my questions have been answered to my satisfaction by the minor's prescribing physician.

5. I know enough to give informed consent for the minor to take, refuse, or postpone taking feminizing medications.

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 consent for the minor to begin treatment with feminizing medications.

_____

Parent/legal guardian's printed name (required)

_____ _____

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 section 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 with feminizing medications with my prescribing physician, parent(s) or legal guardian(s), and I wish to receive them.

Minor's printed name (required)

Minor's signature (required) Date

WITNESS:

_____

Witness' printed name (required)

_____ _____

Witness' signature (required) Date

FOR PATIENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH:

I certify that I am fluent in English and in the native language of the person indicating consent and/or assent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient and/or adult(s) legally responsible for the minor child has indicated understanding of the contents of this form.

_____

Interpreter's printed name

_____ _____

Interpreter's Signature Date

Masculinizing 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 masculinize one's appearance?

Treatment with hormones is called hormone replacement therapy or HRT. HRT will require taking testosterone, which increases muscle mass and causes the development of facial hair and a deeper voice. Testosterone when used 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.

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

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

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

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

How is testosterone taken?

Testosterone is usually injected every one to four weeks. Typically, it is not given in pill form because the body may not absorb it properly which may cause potentially fatal liver problems. The doses used for injection differ from product to product and from patient to patient. The injections are given in the muscle (intramuscular) or can be given with a smaller needle under the skin (subcutaneous). A minor taking testosterone may experience unwanted swings in hormone levels based on the amount and how often doses are given.

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.

Both testosterone 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 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.

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

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

Before beginning or continuing HRT, a minor needs to 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. Meets the criteria for gender dysphoria in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD);
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

Summary of Testosterone Benefits and Risks

BENEFITS	RISKS
• Appear more like a man • Bigger clitoris • Coarser skin • Lower voice • More body hair • More facial hair • More muscle mass • More strength • No or minimal menstrual periods • More physical energy • More sex drive	• Acne (may permanently scar) • Blood clots (thrombophlebitis), risk significantly increased by smoking • Emotional changes, for example, more aggression • Headache • High blood pressure (hypertension) • Increased red-blood-cell count • Infertility • Inflamed liver • Interaction with drugs for diabetes and blood thinning such as Coumadin and Warfarin • Male pattern baldness • More abdominal fat – redistributed to a male shape • Risk of heart disease • Swelling of hands, feet, and legs • Weight gain

---

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

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

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

Masculinizing Effects

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor	Statement
			Testosterone may be prescribed to make a minor appear less like a female and more like a male.
			It can take several months or longer for the effects of testosterone to become noticeable and no one can predict how fast or how much change will occur.
			Changes from testosterone may not be complete for 2 to 5 years after treatment is started.
			The following changes are likely to be permanent even if testosterone is discontinued: • Bigger clitoris - typically about half an inch to a little more than an inch • Deeper voice • Gradual growth of moustache and beard • Hair loss at the temples and crown of the head and the possibility of being completely bald • More, thicker, and coarser hair on abdomen, arms, back, chest, and legs
			The following changes could be permanent, but may improve if I stop taking testosterone: • Acne (although there may be permanent scars) • Menstrual periods (if present), typically stop one to six months after starting • More abdominal fat – redistributed to a male shape: decreased on buttocks, hips, and thighs; increased in abdomen – changing from "pear shape" to "apple shape" • More muscle mass and strength • More sexual interest • Vaginal dryness • Vaginal tearing • Vaginal bleeding • Vaginal pain • Vaginal infection • Painful intercourse

			This treatment will not change the minor's sex chromosomes.
			Testosterone may reduce the minor's ability to become pregnant, but it will not eliminate the risk of pregnancy. A person can become pregnant while on testosterone. I agree to inform the minor's prescribing physician if the minor becomes pregnant.
			Some aspects of the minor's body will not change: • Fat loss may make breasts appear slightly smaller (if present) • The voice will deepen, but other aspects of the way the minor speaks may not sound more masculine
			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 masculinize 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 HRT for minors.

Risks of Testosterone

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor	Statement
			Testosterone **SHOULD NOT** be used by anyone who: • Is pregnant • Has uncontrolled coronary artery disease as it could increase your risk for a fatal heart attack
			Testosterone should be used **WITH CAUTION** and only after a full discussion of risks by anyone who: • Has acne • Has a family history of heart disease or breast cancer • Has had a blood clot • Has high levels of cholesterol • Has liver disease

			• Has a high red blood cell count • Is obese • Smokes cigarettes or uses tobacco products
			The medical effects and the safety of minors taking testosterone are not completely known and there may be unknown long-term risks.
			Taking testosterone causes changes that other people will notice.
			Treatment with testosterone will not prevent serious psychiatric events, including suicide.

			The minor must not take more testosterone than prescribed. Taking too much testosterone: • Will increase health risks; • Will not make changes happen more quickly or more significantly; and • May cause the body to convert extra testosterone into estrogen that can slow down or stop the minor appearing more masculine
			Taking testosterone can cause changes that increase the risk of heart disease into adulthood. These changes include: • Less good cholesterol (HDL) that may protect against heart disease and more bad cholesterol (LDL) that may increase the risk of heart disease; • Higher blood pressure; and • More deposits of fat around the internal organs
			Taking testosterone can damage the liver and possibly lead to liver disease.
			Taking testosterone can increase red blood cells and hemoglobin, which may increase my risk of life-threatening problems such as stroke or heart attack.
			Taking testosterone can increase the risk for diabetes (high blood sugars), which decrease the body's response to insulin, cause weight gain, and increase deposits of fat around internal organs increasing the risk of heart disease and stroke.
			Treatment with testosterone can cause ovaries to not release eggs and may cause infertility.
			Treatment with testosterone increases the risk of cancer to the uterus, ovaries, or breasts. It is unclear if taking testosterone plays any role in HPV infection or cervical cancer.
			Taking testosterone causes or worsen migraines.
			Taking testosterone can cause emotional changes, such as irritability, frustration, aggression, and anger.

Requirements of Treatment with HRT

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor	Statement
			Compliance with the requirements explained above is a prerequisite for a minor to receive treatment with testosterone.
			The prescribing physician may stop prescribing testosterone 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 HRT

Parent/legal guardian (required)	Parent/legal guardian (optional)	Minor	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 physicians and specialists as recommended by the prescribing physician.

PARENTAL CONSENT:

The signature(s) below confirm(s) the following:

1. The minor's prescribing physician has fully informed me about:
   a. the benefits and risks of taking testosterone;
   b. the possible or likely consequences of hormone therapy; and
   c. potential alternative treatments.

2. The information provided to me in this form and by the prescribing physician includes the known effects and risks of treatment with testosterone. 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 opportunity to discuss relevant treatment options with the minor's prescribing physician.

4. All my questions have been answered to my satisfaction by the minor's prescribing physician.

5. I know enough to give informed consent for the minor to take, refuse, or postpone taking testosterone.

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 consent for the minor to begin treatment with testosterone.

_____

Parent/legal guardian's printed name (required)

_____ _____

Parent/legal guardian's signature (required) Date

Parent/legal guardian's printed name (optional)

Parent/legal guardian's signature (optional) Date

PRESCRIBING PHYSICIAN:

My signature below attests to my compliance with 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 with masculinizing medication with my prescribing physician, parent(s) or legal guardian(s), and I wish to receive it.

Minor's printed name (required)

Minor's signature (required) Date

WITNESS:

_____

Witness' printed name (required)

_____ _____

Witness' signature (required) Date

FOR PATIENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH:

I certify that I am fluent in English and in the native language of the person indicating consent and/or assent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient and/or adult(s) legally responsible for the minor child has indicated understanding of the contents of this form.

_____

Interpreter's printed name

_____ _____

Interpreter's Signature Date

Feminizing Medications for Patients with Gender Dysphoria

Patient Information and Informed Consent

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

Your prescribing physician will make a medical decision in consultation with you about the medications that are best for you, keeping in mind your overall health during the treatment process. Your prescribing physician will discuss with you all of the available information relating to hormone therapy. You are asked to read and understand the following information and to discuss any questions you have with your prescribing physician.

After your questions or concerns are addressed and you have decided to start or continue treatment with hormones or hormone antagonists, you must initial the statements below and sign this form in person with your prescribing physician.

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 different 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, even when the criteria listed below are followed, does not have U.S. Food and Drug Administration (FDA) approval and its use to treat gender dysphoria is considered "off label" because they are not being used for their intended purpose

Different forms of estrogen are used to feminize a person'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.

Patient

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.

Cyproterone acetate, a synthetic progestogen with strong antiandrogen activity, is commonly used in many countries. When paired with estrogen, cyproterone acetate is associated with elevated prolactin, decreased HDL cholesterol, and rare meningiomas (tumors). Cyproterone acetate has also been associated with uncommon episodes of fulminant hepatitis.

The administration of finasteride blocks the conversion of testosterone to the more potent androgen dihydrotestosterone. The FDA approved uses of finasteride include the treatment benign prostatic hypertrophy and androgenic alopecia. Finasteride is not recommended for routine use in treating populations with gender dysphoria.

Various forms of progestins may also be used. This class includes micronized bioidentical progesterone (Prometrium) as well as oral medroxyprogesterone acetate (Provera). Although there are anecdotal reports of progesterone use for breast development and mood management, there is currently insufficient evidence that the potential benefits of progesterone administration outweigh the potential risks. There is also a theoretical risk of breast cancer associated with long-term exogenous progesterone.

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 your 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 your mood. Therefore, you must be under the care of a licensed mental health care professional while undergoing treatment.

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

Patient

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

One option available is psychological therapy with a mental health provider that has experience in treating people with gender dysphoria. This is recommended regardless of whether or not the person 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 your medical and mental health status during treatment. If these requirements are not met, HRT may be discontinued by the prescribing physician.

Before beginning or continuing HRT, you 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.

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

Patient

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

1. Meets the criteria for gender dysphoria in the current Diagnostic and Statistical Manual of Mental Disorders or International Classification of Diseases;
2. Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
3. Gender dysphoria is marked and sustained;
4. Demonstrates capacity to consent for the specific gender dysphoria hormone treatment;
5. Does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment;
6. Has psychological and social support during treatment;
7. 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; and
8. Understands the effect of hormone treatment on reproduction and they have explored reproductive options;

The following may also be recommended by your prescribing physician:

1. Undergoes an in-person evaluation by the prescribing physician or their designated covering physician every 3 months for the initial year and at least annually thereafter;
2. Undergoes a suicide risk assessment by a licensed mental health care professional at least every 3 months for the initial year and at least annually thereafter;
3. Undergoes relevant laboratory testing at least every 6 months;
4. Annual bone density scan (DEXA) once a year for the first 5 years to allow monitoring of your bone density (bone strength) during treatment, which can be altered by HRT;
5. Annual mental health assessments by a board-certified Florida licensed psychiatrist or psychologist; and
6. 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.

Patient

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

Effects of Feminizing Medications

Patient	Statement
	Feminizing medications, including estrogen, androgen blockers, or antiandrogens, given singularly or in combination, may be prescribed to make me appear less like a male and more like a female.
	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 my sex chromosomes.
	If I take estrogen, the following changes in my breasts will occur: • Breasts will develop but will not reach their full size for several years • Breasts will remain even if estrogen treatment is discontinued • A milky discharge from the nipples may appear, which should be reported to my prescribing physician • My risk of breast cancer may significantly increase
	If I take feminizing medications, my body will make less testosterone, which may affect my sex life in different ways, including: • My testicles may shrink • My penis may never fully develop, particularly if I previously took puberty blockers • I will have fewer spontaneous erections • My sperm may no longer mature causing infertility which may be permanent even if treatment is discontinued, the risk of which is increased if I took puberty blockers prior to starting feminizing medications • Conversely, it is possible that my sperm could still mature while taking feminizing medications and I may cause someone to get pregnant
	The options for sperm banking have been explained.
	If I take feminizing medications, some parts of my body will not change much, including: • If present, my facial hair may grow more slowly, but it will not go away completely even after taking feminizing medications for many years • If present, my body hair may grow more slowly, but it will not go away completely even after taking feminizing medications for many years • If I went through puberty and have a deep voice, the pitch of my voice will not rise and my speech patterns will not become more like a woman's • If present, my Adam's apple will not shrink

	Even if I stop taking feminizing medications, the following changes may occur: • My body fat may be redistributed with less fat on the abdomen and more on the buttocks, hips, and thighs creating a more female shape • I may have decreased muscle mass and strength in the upper body • My skin may become softer
	Mood changes may be caused by these medicines, and I will continue therapy with a licensed mental health care professional during treatment.
	Using these medicines to feminize my body 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 my 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.

Risks of Feminizing Medications

Patient	Statement
	The medical effects and the safety of taking femininizing medications are not completely known and there may be unknown long-term risks.
	Taking femininizing medications causes changes that other people will notice.
	Treatment with femininizing medications will not prevent serious psychiatric events, including suicide.
	I 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

Patient	Statement
	Estrogen **SHOULD NOT** be used by anyone who has: • 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 • Has chronic hepatitis or other liver disease • Has high levels of cholesterol • 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 you smoke cigarettes. The danger is so high that you 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 you experience while taking estrogen must be reported to your 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 your vision and cause headaches if not treated properly. Any changes in your 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 your prescribing physician.
	Taking estrogen can cause nausea and vomiting. Any long-term nausea or vomiting must be reported to your prescribing physician.
	Taking estrogen can cause migraines or can make them worse if you already have them.
	Taking estrogen can cause hot flashes.
	Taking estrogen can cause you to feel tired and have difficulty focusing.

Risks of Androgen Blockers and Antiandrogens (Spironolactone and Bicalutamide)

Patient	Statement
	Taking Spironolactone affects the balance of water and salt in the kidneys, which may: • Increase the amount of urine produced by your kidneys, making it necessary to urinate more frequently • Increase your thirst • Increase your 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 you experiencing high potassium levels resulting in:
	• Changes in heart rhythms that may be life threatening
	• Low blood pressure, which can cause:
	  ○ Fatigue
	  ○ Lightheadedness
	  ○ Tingling feelings
	  ○ Muscle weakness
	  ○ Shortness of breath
	• Your need for regular blood tests to monitor risks while on the medication

	Taking Bicalutamide may cause numerous side effects which should be reported to your prescribing physician, including: • Hot flashes or flushing • Bone, back, or pelvic pain • Muscle weakness • Muscle or joint pain • Headaches • Shortness of breath • Chest pain • Elevated blood pressure • Swelling of the hands, feet, ankles, or lower legs • Cough • Constipation • Nausea • Vomiting • Abdominal pain • Diarrhea • Gas • Changes in weight (loss or gain) • Loss of appetite

	• Dizziness • Pain, burning, or tingling in the hands or feet • Difficulty sleeping • Feeling of uneasiness or dread • Rash • Sweating • Need to urinate frequently during the night • Bloody urine • Painful or difficult urination • Frequent and urgent need to urinate • Difficulty emptying bladder • Painful or swollen breasts • 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

Patient	Statement
	Compliance with the requirements explained above is a prerequisite for you 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.
	I can change my mind and stop treatment at any time.

Prevention of Complications while under Treatment with Feminizing Medications

Patient	Statement
	I agree to notify the prescribing physician if I suffer from any side effects during treatment or are unhappy with the treatment in any way, particularly if I have any concerns about worsening signs of depression or anxiety or if I desire to harm myself or attempt suicide.

	I acknowledge that taking feminizing medications is only a part of my overall health, and that a range of preventative health activities are necessary so that remain healthy. These include, but are not limited to: • Monthly breast self-examination (report any new lumps to the prescribing physician) • Regular age-appropriate breast mammograms • Regular age-appropriate prostate examinations • Appropriate immunizations • Regular STI screening depending on my level of risk • HIV prevention depending on my level of risk • Regular physical activity, including resistance exercise for bone health • Healthy eating • Quitting smoking
	The prescribing physician is required to monitor me for any side effects during treatment and may refer me to another physician or specialist for treatment. I agree to go to any physicians and specialists recommended by the prescribing physician.

CONSENT:

The signature below confirms the following:

1. The prescribing physician has fully informed me about:
   a. the benefits and risks of taking feminizing medications;
   b. the possible or likely consequences of hormone therapy; and
   c. potential alternative treatments.

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 opportunity to discuss relevant treatment options with the prescribing physician.

4. All my questions have been answered to my satisfaction by the prescribing physician.

5. I know enough to give informed consent for me to take, refuse, or postpone taking feminizing medications.

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 consent to begin treatment with feminizing medications.

_____

Patient's printed name (required)

_____ _____

Patient's signature (required) Date

PRESCRIBING PHYSICIAN SIGNATURE:

My signature below attests to my compliance with section 456.52, Florida Statutes.

_____
Prescribing physician's printed name (required)

_____ _____
Prescribing physician's signature (required) Date

WITNESS:

_____
Witness' printed name (required)

_____ _____
Witness' signature (required) Date

FOR PATIENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH:

I certify that I am fluent in English and in the native language of the person indicating consent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient has indicated understanding of the contents of this form.

_____
Interpreter's printed name

_____ _____
Interpreter's Signature Date

Masculinizing Medications for Patients with Gender Dysphoria

Patient Information and Informed Consent

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

The prescribing physician will make a medical decision, in consultation with you, about the medications that are best for you, keeping in mind your overall health during your gender transition process. The effects and possible risks associated with the use of these medications will be discussed with you. It your responsibility to read and understand the following information and raise any questions you have with your prescribing physician.

After your questions or concerns are addressed and you have decided to start or continue hormones or hormone antagonists, you will need to initial the statements below and sign this form.

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 masculinize one's appearance?

Treatment with hormones is called hormone replacement therapy or HRT. HRT will require taking testosterone, which increases muscle mass and causes the development of facial hair and a deeper voice**.** Testosterone when used by biological women, even when the criteria listed below are followed, does not have the U.S. Food and Drug Administration (FDA) approval to be used in the treatment of gender dysphoria and is considered "off label" use because they are not being used for their intended purpose.

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

Patient

How is testosterone taken?

Testosterone is usually injected every one to four weeks. Typically, it is not used as a pill because the body may not absorb it properly and may cause potentially fatal liver problems. The doses used for injection differ from product to product and from patient to patient. The injections are given in the muscle (intramuscular) or can be given with a smaller needle under the skin (subcutaneous). Taking testosterone may cause unwanted swings in hormone levels based on the amount and how often doses are given. Skin creams and patches may also be used. Both testosterone and the treatment process can affect mood. Therefore, individuals must be under the care of a licensed mental health care professional while undergoing treatment.

Finasteride is a treatment option for individuals experiencing bothersome alopecia resulting from higher dihydrotestosterone levels. The administration of 5α-reductase inhibitors block the conversion of testosterone to the more potent androgen dihydrotestosterone. The FDA approved indications of finasteride administration include benign prostatic hypertrophy and androgenetic alopecia. The use of 5α-reductase inhibitors may impair clitoral growth and the development of facial and body hair. Future studies are needed to assess the efficacy and safety of 5α-reductase inhibitors in treatment for gender dysphoria.

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 prescribing physician to make sure that there are no negative medical or mental health effects.

What are my other options if I do not wish to start or continue medical treatments?

One option available is psychological therapy with a mental health care provider that has experience in treating people with gender dysphoria. This is recommended regardless of whether the individual undergoes treatment with hormones or hormone antagonists or not, due to the high risk of anxiety, depression, self-harm, and suicide. Other options may be discussed with your prescribing physician.

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

Patient

What are the requirements to receive hormone replacement therapy?

To receive hormone replacement therapy, there are specific requirements that need to be met before and during the treatment. These requirements will allow the prescribing physician to monitor medical as well as mental health wellbeing during HRT. If these requirements are not met, HRT may be discontinued by the prescribing physician.

Before beginning or continuing HRT, the individual needs to 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 an individual to receive and continue HRT treatment include the following:

1. Meets the criteria for gender dysphoria in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD);
2. Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
3. Gender dysphoria is marked and sustained;
4. Demonstrates capacity to consent for the specific gender dysphoria hormone treatment;
5. Does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment;
6. Has psychological and social support during treatment;
7. 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; and
8. Understands the effect of hormone treatment on reproduction and they have explored reproductive options.

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

Patient

The following may also be recommended by your prescribing physician:

1. Undergoes an in-person evaluation by the prescribing physician or their designated covering physician every 3 months for the initial year and at least annually thereafter;
2. Undergoes a suicide risk assessment by a licensed mental health care professional at least every 3 months for the initial year and at least annually thereafter;
3. Undergoes relevant laboratory testing, at least every 6 months;
4. Annual bone scan (DEXA) once a year for the first 5 years to allow monitoring of bone density (bone strength) during treatment, which can be altered by HRT;
5. Annual mental health assessments by a board-certified Florida licensed psychiatrist or psychologist; and
6. Continued counseling with a licensed mental health care professional during the treatment period, with the frequency recommended by the licensed mental health care professional.

Summary of Testosterone Benefits and Risk

BENEFITS	RISKS
• Appear more like a man • Bigger clitoris • Coarser skin • Lower voice • More body hair • More facial hair • More muscle mass • More strength • No or minimal menstrual periods • More physical energy • More sex drive	• Acne (may permanently scar) • Blood clots (thrombophlebitis), risk significantly increased by smoking • Emotional changes, for example, more aggression • Headache • High blood pressure (hypertension) • Increased red-blood-cell count • Infertility • Inflamed liver • Interaction with drugs for diabetes and blood thinning — for example Coumadin and Warfarin • Male pattern baldness • More abdominal fat — redistributed to a male shape • Risk of heart disease • Swelling of hands, feet, and legs • Weight gain

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

Patient

Please initial each statement on this form to show that you understand the benefits, risks, and changes that may occur from taking testosterone.

Masculinizing Effects

Patient	Statement
	Testosterone may be prescribed to make me appear less like a female and more like a male.
	It can take several months or longer for the effects of testosterone to become noticeable and no one can predict how fast or how much change will occur.
	The following changes are likely to be permanent even if testosterone is discontinued: • Bigger clitoris - typically about half an inch to a little more than an inch • Deeper voice • Gradual growth of moustache and beard • Hair loss at the temples and crown of the head and the possibility of being completely bald • More, thicker, and coarser hair on abdomen, arms, back, chest, and legs
	The following changes could be permanent, but may improve if I stop taking testosterone: • Acne (although there may be permanent scars) • Menstrual periods (if present), typically stop one to six months after starting • More abdominal fat – redistributed to a male shape: decreased on buttocks, hips, and thighs; increased in abdomen – changing from "pear shape" to "apple shape" • More muscle mass and strength • More sexual interest • Vaginal dryness • Vaginal Tearing • Vaginal Bleeding • Vaginal Pain • Vaginal infection • Painful intercourse
	This treatment will not change the individual' s sex chromosomes.
	Testosterone may reduce the ability to become pregnant, but it will not eliminate the risk of pregnancy. A person may become pregnant while on testosterone. I agree to inform the prescribing physician if I become pregnant.
	Some aspects of my body will not change: • Fat loss may make breasts appear slightly smaller

	• The voice will deepen, but other aspects of the way I speak may not sound more masculine
	Mood changes may be caused by these medicines, and I will continue therapy with a licensed mental health care professional during treatment.
	Using these medicines to masculinize 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 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 HRT.

Risks of Testosterone

Patient	Statement
	Testosterone **SHOULD NOT** be used by anyone who: • Is pregnant • Has uncontrolled coronary artery disease as it could increase your risk for a fatal heart attack
	It should be used **WITH CAUTION** and only after a full discussion of risks by anyone who: • Has acne • Has a family history of heart disease or breast cancer • Has had a blood clot • Has high levels of cholesterol • Has liver disease • Has a high red blood cell count • Is obese • Smokes cigarettes
	The medical effects and the safety of testosterone are not completely known and there may be unknown long-term risks.
	Taking testosterone causes changes that other people will notice.
	Treatment with testosterone will not prevent serious psychiatric events, including suicide.
	Taking more testosterone than prescribed: • Will increase health risks; • Will not make changes happen more quickly or more significantly; and • May cause the body to convert extra testosterone into estrogen that can slow down or stop me from appearing more masculine.
	Taking testosterone can cause changes that increase the risk of heart disease. These changes include: • Less good cholesterol (HDL) that may protect against heart disease and more bad cholesterol (LDL) that may increase the risk of heart disease;

	• Higher blood pressure; and • More deposits of fat around the internal organs
	Taking testosterone can damage the liver and possibly lead to liver disease.
	Taking testosterone can increase red blood cells and hemoglobin, which may increase my risk of life-threatening problems such as stroke or heart attack.
	Taking testosterone can increase the risk for diabetes (high blood sugars), which decrease the body's response to insulin, cause weight gain, and increase deposits of fat around internal organs increasing the risk of heart disease and stroke.
	Treatment with testosterone can cause ovaries to not release eggs and may cause infertility.
	Treatment with testosterone increases the risk of cancer to the uterus, ovaries, or breasts. It is unclear if taking testosterone plays any role in HPV infection or cervical cancer.
	Taking testosterone causes or worsens migraines.
	Taking testosterone can cause emotional changes, such as irritability, frustration, aggression, and anger.

Risks of Finasteride

Patient	Statement
	Finasteride may be an appropriate treatment option in individuals experiencing bothersome alopecia resulting from testosterone treatment.
	Finasteride may have side effects which include: • decreased libido • dry skin • acne • Breast swelling and tenderness • headache • irregular menstruation • dizziness • increased body hair
	Finasteride is not approved by the FDA for use in biological women and is forbidden in pregnant women due to birth defects.

Requirements of Treatment with HRT

Patient	Statement
	Compliance with the requirements explained above is a prerequisite to receive treatment with testosterone.
	The prescribing physician may stop prescribing testosterone 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.
	I understand that I may decide to stop treatment at any time.

Prevention of Complications while under Treatment of HRT

Patient	Statement
	I agree to notify the prescribing physician if I suffer from any side effects during treatment or am unhappy with the treatment in any way, and if I have any concerns that I have worsening signs of depression or anxiety or wants to harm myself or attempt suicide or attempt suicide.
	The prescribing physician is required to monitor me for any side effects during treatment and may refer me to another physician or specialist for treatment.

CONSENT:

My signature below confirms that:

1. My prescribing physician has talked with me about:
   a. the benefits and risks of taking testosterone;
   b. the possible or likely consequences of hormone therapy; and
   c. potential alternative treatments.

2. The information provided to me in this form and by the prescribing physician includes the known effects and risks of treatment with testosterone. 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 opportunity to discuss relevant treatment options with my prescribing physician.

4. All my questions have been answered to my satisfaction by my prescribing physician.

5. I know enough to give informed consent to take, refuse, or postpone taking testosterone.

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 consent to begin treatment with testosterone.

Based on all this information:

_____ I want to begin or continue taking testosterone
_____ I want to begin or continue taking finasteride
_____ I do not wish to begin or continue taking masculinizing medication

_____
Patient's printed name (required)

_____ _____
Patient's signature (required) Date

PRESCRIBING PHYSICIAN:

My signature below attests to my compliance with 456.52, Florida Statutes.

_____
Prescribing physician's printed name (required)

_____ _____
Prescribing physician's signature (required) Date

WITNESS:

_____

Witness' printed name (required)

_____ _____

Witness' signature (required) Date

FOR PATIENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH:

I certify that I am fluent in English and in the native language of the person indicating consent and/or assent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient has indicated understanding of the contents of this form.

_____

Interpreter's printed name

_____ _____

Interpreter's signature Date

Surgical Treatment for Adults with Gender Dysphoria

Patient Information and Informed Consent

Before having surgery to treat gender dysphoria, you need to be aware of the effects and possible risks of these procedures. Your surgeon will make a medical decision, in consultation with you, about the procedures that are best for you, keeping in mind your overall health.

Your surgeon will discuss with you all the information relating to the surgery. You are asked to read and understand the following information and to discuss any questions you have with your surgeon. After your questions or concerns are addressed and you have decided to have surgery you must initial the statements below and sign this form in person with your surgeon.

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 types of surgery to treat gender dysphoria?

Surgery to treat gender dysphoria may involve procedures on the face, chest, or genitalia. Common surgery options include:

- **Facial reconstructive surgery** to make facial features more masculine or feminine.
- **Chest or "Top" surgery** to remove breast tissue for a more masculine appearance or enhance breast size and shape for a more feminine appearance.
- **Genital or "Bottom" surgery** to transform and reconstruct the genitalia.
  - **Orchiectomy:** A bilateral orchiectomy is a procedure performed by a urologist that involves surgical removal of the testicles through a small scrotal incision. This procedure is done with a particular technique that allows for vaginoplasty later, if desired. Afterward, patients may adjust their dose of estrogens downward and no longer require spironolactone. Recovery takes approximately 2 weeks. Individuals seeking orchiectomy may wish to consider semen banking to preserve future fertility options.

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

Patient

- **Vaginoplasty**: In addition to an orchiectomy, a person may elect to undergo a vaginoplasty, which is a surgical procedure that involves reconstructing the genitals to create external female genitalia with or without a vaginal cavity. For those patients treated with puberty blockers as a minor, such treatment may lead to insufficient penile tissue that could necessitate the use other tissues, such as the colon, to create a vagina.
- **Phalloplasty:** This surgery involves a multi-staged procedure for the creation of a penis, urinary channel to allow urination, scrotum, and the obliteration of the vaginal cavity with closure. The removal of the female genital organs such as the uterus and ovaries and fallopian tubes are required and usually performed separately and prior to the phalloplasty surgery. The creation of the penis is performed with use of tissue from other parts of the body, which could include, more commonly the radial forearm free flap, or anterolateral thigh flap, and latissimus dorsi (MLD) flap. Prosthetics such as silicone or saline testicles can be placed as well as inflatable penile prosthetics in the final stage.
- **Metoidioplasty:** In this procedure, the surrounding tissue of the clitoris is released to achieve maximal length and a more natural-looking male position. A urethra is also reconstructed using either local skin tissue or a graft from the mouth depending on the amount of tissue present. Construction of a scrotum with testicular prosthetics can also be performed at the same time.
- **Hysterectomy:** Removal of the uterus and cervix via laparoscopic or vaginal techniques.
- **Salpingo-oophorectomy:** Removal of the fallopian tubes and ovaries.
- **Vaginectomy:** Obliteration of the vaginal canal and opening.

Is surgery the only treatment for gender dysphoria?

Surgery is just one option. Not everyone who has gender dysphoria chooses to have surgery. Depending on your age and preferences, you may choose:

- Treatment by a licensed mental health care professional that has experience in treating people with gender dysphoria, which is recommend regardless of whether you undergo surgery due to the high risk of anxiety, depression, self-harm, and suicide.
- Hormone replacement therapy to increase masculine or feminine characteristics.

Other options may be discussed with your prescribing physician.

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

Patient

What are some potential complications of surgery to treat gender dysphoria?

Potential complications include:

- Changes in sexual sensation
- Diminishment of bladder function
- Problems with urination
- Bleeding
- Infection
- Nerve damage
- Poor healing
- Scarring that can cause pain, firmness, asymmetry
- Side effects of anesthesia, including death

What happens after surgery to treat gender dysphoria?

Recovery times vary based on what procedures or combination of procedures you have as follows:

- **Cheek and nose surgery:** Swelling lasts for around two to four weeks.
- **Chin and jaw surgery:** Most swelling fades within two weeks but may take up to four months for swelling to completely disappear.
- **Chest surgery:** Swelling and soreness lasts for one to two weeks with physical limitations lasting at least one month.
- **Bottom surgery:** Most people do not resume usual activities until at least six weeks after surgery and weekly follow-up visits with your surgeon for several months will be necessary.

When should I see my surgeon?

After surgery, you should see your surgeon if you experience:

- Bleeding for more than a few days.
- Pain that does not go away after several weeks.
- Signs of infection, such as a wound that changes color or does not heal.

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

Patient

Please initial each statement on this form to show that you understand the risks and changes associated with gender dysphoria surgeries.

Patient	Statement
	I understand that my surgeon will discuss with me during the preoperative process the available surgical procedures to treat gender dysphoria, the aftercare needs following surgery, and the importance of postoperative follow-up.
	I understand that these surgeries are permanent.
	I understand that if I have my breasts removed, I must undergo reconstructive surgery if I wish to have breasts in the future. If implants are used, complications may include pain, numbness, infection, bleeding, asymmetry, hardening, rippling, scarring, and the possible need for multiple surgeries.
	I understand that if I have my breasts removed that breast feeding will never be possible.
	I understand that if I have breast augmentation surgery, complications may include pain, numbness, infection, bleeding, asymmetry, hardening, rippling, scarring, and the possible need for multiple surgeries.
	I understand that my surgeon will assess me for risk factors associated with breast cancer prior to breast augmentation or mastectomy, including genetic mutations (e.g.., BRCA1, BRCA2), family history, age, radiation, exposure to estrogen, and the amount of breast tissue anticipated to remain after surgery.
	I understand that if I undergo metoidioplasty/phalloplasty I will need lifelong urological treatment.
	I understand that complications following metoidioplasty/phalloplasty include: • urinary tract strictures and fistulas • mucoceles due to vaginal remnant • hair growth within the neourethra • compromised sexual function including absent tactile and/or erogenous sensation, difficulties achieving orgasm • complications with penile prosthetics
	I understand that if I undergo vaginoplasty I will need lifelong treatment with my surgeon, primary care physician, and/or gynecologist.
	I understand that if I undergo vaginoplasty, complications can include: • the formation of granulation tissue • intravaginal hair growth • delayed wound healing and/or wound disruption • introital stenosis (closing, narrowing, or closure) • painful sex

	I understand that my surgeon may stop further treatment because the risks of treatment outweigh the benefits of treatment.
	I understand that this treatment will not prevent serious psychiatric events, including suicide.
	I agree to tell my surgeon if I have any problems or side effects or am unhappy with the surgery, including if I have worsening signs of depression or anxiety or want to harm myself or attempt suicide.
	I understand that my surgeon may be required to refer me to one or more specialists for surgery-related complications, and I agree to go to those specialists as recommended.
	I acknowledge that surgery to treat gender dysphoria is only part of my overall health and that a range of preventative health activities are recommended including: • cervical/prostrate screening tests at appropriate intervals as recommended by my doctor • regularly checking my breasts for lumps, even if I have had a mastectomy • regular mammograms from an appropriate age in consultation with my doctor • quitting smoking • immunizations • regular STI screening, depending on my level of risk • HIV prevention, depending on my level of risk • regular physical activity, including resistance exercise for bone health • healthy eating

CONSENT:

My signature below confirms that:

1. My surgeon has talked with me about:
    a. the benefits and risks of surgery to treat gender dysphoria;
    b. the possible or likely consequences of surgery to treat gender dysphoria;
    c. potential alternative treatments.

2. The information provided to me in this form and by the surgeon includes the known effects and risks of surgery to treat gender dysphoria. 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 opportunity to discuss relevant treatment options with my surgeon.

4. All my questions have been answered to my satisfaction by my surgeon.

5. I know enough to give informed consent to have, refuse, or postpone surgery to treat gender dysphoria.

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 surgeon.

7. My signature below attests to my consent to surgery to treat gender dysphoria.

My signature below confirms the following:

_____ _____

Patient's signature (required) Date

_____ _____

Patient's signature (required) Date

SURGEON:

My signature below attests to my compliance with 456.52, Florida Statutes.

_____
Surgeon's printed name (required)

_____ _____
Surgeon's signature (required) Date

WITNESS:

_____
Witness' printed name (required)

_____ _____
Witness' signature (required) Date

FOR PATIENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH:

I certify that I am fluent in English and in the native language of the person indicating consent on the above form. I certify that I have accurately and completely interpreted the contents of this form, and that the patient has indicated understanding of the contents of this form.

_____
Interpreter's printed name

_____ _____
Interpreter's Signature Date

DRAFT FOR JUNE 30, 2023 – JOINT FULL BOARD MEETING

64B8ER-XX/64B15ER-XX - Sex-reassignment Standards of Practice in Minors

The standards of practice in this rule do not supersede the level of care, skill, and treatment recognized in general law related to healthcare licensure.

(1) Pursuant to Section 456.52, Florida Statutes, sex-reassignment prescriptions and procedures are prohibited for patients younger than 18 years of age, except that a physician may continue to treat such patient with a prescription if such treatment for sex-reassignment was commenced before, and is still active on, May 17, 2023. The physician is required to obtain voluntary, informed consent while physically present in the same room as the patient. Consent is not required for renewal of such prescriptions if a physician and his or her patient have met the requirements for consent for the initial prescription or renewal; however, a separate consent is required for any new prescription for a pharmaceutical product not previously prescribed to the patient.

(2) Informed Consent. The Board has approved the following mandatory informed consent forms for the continued treatment of minors with sex-reassignment prescriptions:

(a) For patients prescribed puberty blocking medications, form DOH-MQA-XXXX, (06/23), entitled "Puberty Suppression Treatment for Patients with Gender Dysphoria, Patient Information and Informed Parental Consent and Assent for Minors," which is hereby incorporated by reference and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- and from the Board's website at [DOH LINK].

(b) For patients prescribed sex-reassignment feminizing medications, form DOH-MQA-XXXX, (06/23), entitled "Feminizing Medications for Patients with Gender Dysphoria, Patient

Information and Informed Parental Consent and Assent for Minors," which is hereby incorporated by reference and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- and from the Board's website at [DOH LINK].

(c) For patients prescribed sex-reassignment masculinizing medications, form DOH-MQA-XXXX, (06/23), entitled "Masculinizing Medications for Patients with Gender Dysphoria, Patient Information and Informed Parental Consent and Assent for Minors," which is hereby incorporated by reference and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- and from the Board's website at [DOH LINK].

(3) A Board-approved informed consent form is not executed until:

(a) The physician issuing the prescription, while physically present in the same room as the patient, has informed the patient and the patient's parent or legal guardian of the nature and risks of the prescription, and has provided and received the written acknowledgement of the patient and the patient's legal guardian before the prescription is prescribed or administered. The physician is prohibited from delegating this responsibility to another person. The physician is also required to sign the informed consent form.

(b) The patient's parent or legal guardian is required to sign the informed consent form.

(c) The patient is required to assent to the informed consent form.

(d) A competent witness is also required to sign the informed consent form.

(4) Standards of Practice. The nature and extent of the requirements set forth below will vary depending on the practice setting and circumstances presented to the prescribing physician. A

prescribing physician who continues to treat a minor patient with sex-reassignment prescriptions pursuant to section 456.52(1)(a), Florida Statutes, shall comply with the following:

(a) Patient Evaluation. An in-person thorough medical history and physical examination of the patient conducted by the physician must be documented in the patient's medical record prior to prescribing any new sex-reassignment prescription.

(b) Clinical Determinations. Based on the patient evaluation, the following must be confirmed:

1. The patient meets the criteria for gender dysphoria in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD);

2. The patient has pubertal changes resulting in an increase in gender dysphoria;

3. The patient does not suffer from a psychiatric comorbidity that interferes with the diagnostic work-up or treatment;

4. The patient will have psychological and social support during treatment;

5. The patient has experienced puberty to at least Tanner Stage 2; and

6. The patient demonstrates knowledge and understanding of the risks, benefits, and expected outcomes of puberty suppression, future cross-sex hormone treatment, as well as the medical and social risks and benefits of sex reassignment surgery based on the patient's current treatment status.

(c) Patient Visit. The physician or their designated covering physician must meet with the patient in-person every six (6) months for the purpose of monitoring the patient and must document each visit in the patient's medical records.

(d) Suicide Risk Assessment. A suicide risk assessment by a licensed mental health care professional must be performed every three (3) months.

(e) Laboratory Testing. Relevant laboratory testing must be performed every four (4) months.

(f) X-rays. X-rays of the hand must be performed each year to monitor and document the patient's bone age progression.

(g) Bone Density Scan. An annual bone density (DEXA) scan must be performed to monitor the patient's bone density during treatment.

(h) Mental Health Assessment. The physician must have the patient undergo an annual mental health assessment to be performed by a board-certified Florida licensed psychiatrist or psychologist.

(i) Counseling. The physician must refer the patient for counseling with a licensed mental health care professional during the treatment period, with a frequency as recommended by the licensed mental health care professional.

(j) Additional Consultations. The physician must refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives.

Rulemaking Authority 456.52 FS. Law Implemented 456.52 FS. History – New____.

DRAFT FOR JUNE 30, 2023 – JOINT FULL BOARD MEETING

64B8ER-XX/64B15ER-XX - Mandatory Standardized Informed Consent for Sex-reassignment Prescriptions or Procedures in Adults

Pursuant to Section 456.52, Florida Statutes, when sex-reassignment prescriptions or procedures are prescribed for or administered or performed on patients 18 years of age or older, the physician is required to obtain voluntary, informed consent while physically present in the same room as the patient. Consent is not required for renewal of such prescriptions if a physician and the physician's patient have met the requirements for consent for the initial prescription or renewal; however, a separate consent is required for any new prescription for a pharmaceutical product not previously prescribed to the patient.

(1) Informed Consent. The Board has approved the following mandatory informed consent forms for sex-reassignment prescriptions or procedures for patients 18 years of age or older:

(a) For patients prescribed sex-reassignment feminizing medication, form DOH-MQA-XXXX, (06/23), entitled "Feminizing Medications for Patients with Gender Dysphoria, Patient Information and Informed Consent," which is hereby incorporated by reference and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- and from the Board's website at [DOH LINK].

(b) For patients prescribed sex-reassignment masculinizing medications, form DOH-MQA-XXXX, (06/23), entitled "Masculinizing Medications for Patients with Gender Dysphoria, Patient Information and Informed Consent," which is hereby incorporated by reference and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- and from the Board's website at [DOH LINK].

(c) For patients undergoing surgical treatment, form DOH-MQA-XXXX, (06/23), entitled "Surgical Treatment for Adults with Gender Dysphoria, Patient Information and Informed

Consent," which is hereby incorporated by reference and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- and from the Board's website at [DOH LINK].

(2) A Board-approved informed consent form is not executed until:

(a) The physician issuing the prescription or performing the procedure, while physically present in the same room as the patient, has informed the patient of the nature and risks of the prescription or procedure and has provided and received the patient's written acknowledgement before the prescription is prescribed, administered, or performed. The physician is prohibited from delegating this responsibility to another person. The physician is also required to sign the informed consent form.

(b) The patient is required to sign the informed consent form.

(c) A competent witness is also required to sign the informed consent form.

Rulemaking Authority 456.52 FS. Law Implemented 456.52 FS. History – New____.

From: Paul Arons
To: BOM Public Comment
Subject: Testimony For June 30th Joint Boards Meeting
Date: Monday, June 26, 2023 2:30:15 PM
Attachments: Board of Medicine and Osteopathic Medicine Testimony Consent Rule Meetings 6-23 and 30-2003.docx

Please see attached. Some of this one-pager was testimony at the June 23d BOM meeting in Jacksonville. This is a more complete and updated version.

Thank you,
Paul Arons MD

Tallahassee FL
850-545-8997

Testimony To Florida Medical Boards Paul Arons MD June 23, 30, 2023

Good afternoon. My name is Paul Arons. I am a physician, retired from the Florida Department of Health (DOH), where I was Medical Director for the HIV/AIDS Program for 18 years, and from 2001-2005 was Chair of the DOH Institutional Review Board (the IRB). So I have evaluated a lot of consent forms. I wish to make 5 points;

1. **The forms state "I know enough to give informed consent to take, refuse, or postpone taking these medications." But there is no information if stopped, about whether medications need to be tapered, or what physical and mental changes are likely to occur. There needs to be added information about pros and cons of de-transitioning, and what is necessary for stopping safely.**
2. **The forms state that the medication is off-label, not approved for this use by the FDA. I think it's only fair to add; "…but has been used safely and effectively to treat gender dysphoria for decades by licensed, reputable clinicians who specialize in gender affirming care." Otherwise, this is not fully informed consent.**
3. **For a patient whose primary language is not English, the interpreter certifies they are "fluid in English". I believe the proper term is "fluent", and especially in this setting, "fluid" should be changed to "fluent". In addition, the interpreter should certify that they are also fluent in the patient's primary language, or more appropriately, the consent forms should be translated into that language, not by a computer, but by a bilingual human speaker, and vetted by native speakers to assure the translation is accurate and comprehensible.**
4. **I realize these are "emergency" consents, but they are just not ready for prime time. I ask you please urgently to workshop them further before publishing, with representative gender diverse individuals and their families, and with specialist providers -- technical and personal questions to witnesses at the June 23rd hearing illustrate that necessity -- and in consultation with the Florida Bioethics Network, whose MD-PhD Co-chairs are at the University of Miami and University of Florida.**
5. **Finally, since Florida statute and the medical boards now officially recognize the validity of full-spectrum gender dysphoria care for adults with informed consent, and at least continuing medication treatment for minors with parental consent and patient assent, I urge you by formal resolution to add your voice to that of the court in advocating for Medicaid reimbursement for such care for an estimated 9,000 Floridians who are otherwise losing coverage.**

Thank you for the opportunity to testify.

From: Sharon Conway
To: BOM Public Comment
Subject: Gender Care
Date: Friday, June 23, 2023 12:31:54 PM

[You don't often get email from dreamer@cfl.rr.com. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

I am in support of physicians and counselors who clearly state “gender care” is “life saving care.” The desire to dispute factual information is dangerous. I know there are people who wish others harm, and this extreme form and guidelines does exactly that.

The more history I learn, the more I realize there is a large portion of people who push their biased views on others rather then move forward with compassion. We don’t usually celebrate those who try to move the world backwards ignoring the needs of others.

I apologize for my provocative letter, but I hate seeing people suffer as a result of ignorance and cruelty.

Sharon Conway

From: italiangirl02151968@gmail.com
To: BOM Public Comment
Subject: Affirming care
Date: Friday, June 23, 2023 11:09:49 AM

Hello, I am writing in support of people being able to receive gender affirming care. This is a basic equal human right that everyone should have. People have the right to make their own decisions. Please help protect this and make it easier not harder for them.

Thank you for your time in this matter.

Sincerely,

Roberta Edwards

Sent from my iPhone

Florida House of Representatives

Representative Anna V. Eskamani
District 42

District Office
1507 E. Concord Street
Orlando, Florida 32803
407-228-1451

Tallahassee Office
406 House Office Building
402 South Monroe Street
Tallahassee, FL 32399-1300
850-717-5047

Email: Anna.Eskamani@myfloridahouse.gov

June 23, 2023

Dear Board Members,

I am writing about your proposed rules and consent form that will impact patients seeking Gender Affirming Care (GAC) in the Sunshine State. These proposed forms are not only rife with violations of the Boards' delegated rulemaking authority, but they are based upon political misinformation about GAC, are filled with errors, and would make it nearly impossible for trans patients to receive the care they need to stay healthy and strong.

The proposed rules and form include multiple burdensome new requirements and stipulations that the Florida Legislature never improved. Just to name a few, this includes:

1. A physician cannot delegate responsibility for obtaining informed consent;
2. A physician must also sign the informed consent;
3. A competent witness must also sign the informed consent;
4. Patient monitoring by a physician must occur every three months;
5. Suicide risk assessment by a licensed mental healthcare professional must be performed every three months;
6. Laboratory testing must be performed every four months;
7. An x-ray must be taken annually;
8. A bone density scan must be performed annually;
9. A mental health assessment by a board-certified, Florida licensed psychiatrist or psychologist must be performed annually.

And these are just the provisions that impact adult patients. Can you provide me with any other medical service in Florida that mandates this kind of targeted regulation? The only other one that comes to mind for me is abortion care -- and abortion care is targeted not for safety reasons, but for political reasons.

Florida House of Representatives

Representative Anna V. Eskamani

District 42

District Office
1507 E. Concord Street
Orlando, Florida 32803
407-228-1451

Tallahassee Office
406 House Office Building
402 South Monroe Street
Tallahassee, FL 32399-1300
850-717-5047

Email: Anna.Eskamani@myfloridahouse.gov

If you move forward with these rules and informed consent, you are essentially banning GAC in Florida as these requirements are not only burdensome, but they are expensive and time consuming. These types of onerous requirements come with a price, especially for patients paying out of pocket. Many doctors will just stop providing care and/or move to other states, creating an environment where Florida patients will have nowhere to go.

We want to see expediency from the Boards to approve consent forms as right now Florida patients are being denied care due to the politicization of this safe medical treatment but this product being proposed today is insufficient, dangerous, and beneath you as medical professionals.

As Judge Hinkle wrote in both of his recent rulings tossing out different bans on gender affirming care: "gender identity is real. The record makes this clear." Please operate with that basic understanding and not restricting access to care.

Best,

Anna

Representative Anna V. Eskamani
Florida House of Representatives, District 42

From: djfain27=gmail.com@mg.gospringboard.io on behalf of DJ Fain
To: BOM Public Comment
Subject: Reject rules to restrict access to gender affirming care
Date: Wednesday, June 28, 2023 8:01:54 PM

Dear

I am writing to you today to urge the Florida State Board of Medicine to reject rule 64B8-9.019 and the Florida State Board of Osteopathic Medicine to reject rule 64B15-14.014. Both proposed rules cover Standards of Practice for the Treatment of Gender Dysphoria in Minors, to restrict access to gender-affirming healthcare.

Care providers, doctors, and leading medical associations have been clear that gender-affirming care is safe, effective, evidence-based, and lifesaving.

The nation's leading health organizations support gender-affirming care for transgender and gender non-conforming people, including the American Academy of Pediatrics; the American Medical Association; The American College of Obstetricians and Gynecologists; The American College of Physicians; The American Psychiatric Association; The American Psychological Association; The American Academy of Family Physicians; The Endocrine Society; The Pediatric Endocrine Society; American Nurses Association; American Public Health Association; American Heart Association; National Association of Social Workers; World Medical Association; and The World Professional Association for Transgender Health, among others.

There is overwhelming evidence to support the positive mental health impacts of gender-affirming medical care for transgender adolescents - including in some of the very studies cited by the DOH and Board of Medicine. Prohibiting social transition is clear government intrusion on personal and parental decision-making. Numerous studies have found that after social transition, transgender youth report similar mental health levels to the general youth population, eliminating mental health disparities typically seen. When transgender youth are affirmed by people around them, reported rates of depression and suicidality drop significantly. This rule will deny them this life-saving treatment.

The Florida State Board of Medicine and the Florida Board of Osteopathic Medicine must reject proposed policies like these that are not grounded in science and research and are clearly based on prejudice and political agendas. The evidence is clear: denying transgender youth the ability to access critical healthcare is dangerous and life-threatening.

Not just youth. I appeal as well for transgender adults who are affected by these restrictions. I myself will be affected should the rumored guidelines requiring almost no mental health illness (which is impossible, everyone has anxiety) as I suffer from BPD, PTSD, ADHD, anxiety, depression, gender dysphoria treated by HRT, and am a victim of childhood sexual molestation by a parent.

And for the last year, on HRT, without any other good mental health support save for my

partner and best friend, I have managed to stay alive. Because the HRT lessened all of the other symptoms and strengthened my sense of self. I didn't know it until I was given the space to explore it.

I've been happy for more than a few minutes for the first time in my living memory. And I've been happy for 4 days. Then I learned the proposed guidelines, and they're trying to take away this happiness I've been fighting 34 years as of June 27. My birthday.

I refuse to give up now.

Representative, you are a human. I am a human. We both have emotions, desires, dreams of being in control of ourselves and our lives and hopes for ourselves for the future. We want for ourselves, we want for others.

You are no more or no less of a human than I. You have no more or no less emotions than I. We interpret it differently and we have different lives we've lived to gain the tools for us to this point.

What you think is true and what you know is true may be different.

I urge you to seek your truth: You deserve control of your lives, you deserve to be heard, you deserve to be understood. Because you are human. Because you feel.

So am I. So do I.

I'm not different than you. Just unique to me.

I urge you to reject these rules.

Sincerely,

DJ Fain

From: lissettevfernandez@me.com
To: BOM Public Comment
Subject: Gender Affirming Care Rules and conesnt forms
Date: Friday, June 23, 2023 12:52:33 PM

Dear Board Members,

I am writing about your proposed rules and consent form that will impact patients seeking Gender Affirming Care in Florida. These proposed forms are not only rife with violations of the Boards delegated rule making authority, but are based upon political misinformation about Gender Affirming Care, are filled with errors, and would make it nearly impossible for trans patients to receive the care they need to stay healthy and strong.

Everyone in the state of Florida deserves to have healthcare, and restricting peoples access to healthcare because you don't agree or support who they are is dangerous and discriminatory, and in violation of their rights as the Federal Supreme Courts have already declared.

Please stop trying to restrict trans peoples access to the healthcare they need.

Sincerely,

Lissette Fernandez

From: foxg9775=gmail.com@mg.gospringboard.io on behalf of Grace Fox
To: BOM Public Comment
Subject: Reject rules to restrict access to gender affirming care
Date: Wednesday, June 21, 2023 8:49:17 PM

Dear

I am writing to you today to urge the Florida State Board of Medicine to reject rule 64B8-9.019 and the Florida State Board of Osteopathic Medicine to reject rule 64B15-14.014. Both proposed rules cover Standards of Practice for the Treatment of Gender Dysphoria in Minors, to restrict access to gender-affirming healthcare.

Care providers, doctors, and leading medical associations have been clear that gender-affirming care is safe, effective, evidence-based, and lifesaving.

The nation's leading health organizations support gender-affirming care for transgender and gender non-conforming people, including the American Academy of Pediatrics; the American Medical Association; The American College of Obstetricians and Gynecologists; The American College of Physicians; The American Psychiatric Association; The American Psychological Association; The American Academy of Family Physicians; The Endocrine Society; The Pediatric Endocrine Society; American Nurses Association; American Public Health Association; American Heart Association; National Association of Social Workers; World Medical Association; and The World Professional Association for Transgender Health, among others.

There is overwhelming evidence to support the positive mental health impacts of gender-affirming medical care for transgender adolescents - including in some of the very studies cited by the DOH and Board of Medicine. Prohibiting social transition is clear government intrusion on personal and parental decision-making. Numerous studies have found that after social transition, transgender youth report similar mental health levels to the general youth population, eliminating mental health disparities typically seen. When transgender youth are affirmed by people around them, reported rates of depression and suicidality drop significantly. This rule will deny them this life-saving treatment.

The Florida State Board of Medicine and the Florida Board of Osteopathic Medicine must reject proposed policies like these that are not grounded in science and research and are clearly based on prejudice and political agendas. The evidence is clear: denying transgender youth the ability to access critical healthcare is dangerous and life-threatening.

I urge you to reject these rules.

Sincerely,

Grace Fox

From: Bryce Hackmeyer
To: BOM Public Comment
Subject: Dekker v. Weida - Relevant Court Case
Date: Thursday, June 22, 2023 9:20:37 PM
Attachments: DekkervWeida.pdf

To Whom It May Concern,

Please see the document attached to this email, as it is pertinent to the matters being discussed at the Joint Boards of Medicine and Osteopathic Medicine meeting on June 23, 2023. Although past the deadline to submit public comment, this is not meant to be a public comment but an addition to the public record for the Boards' information. Thank you for your understanding.

Regards,

Bryce S. Hackmeyer (they/them)
Health & Technology Director | Women's Voices of SWFL
bryce@wvswfl.com | www.wvswfl.com

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF FLORIDA TALLAHASSEE DIVISION

AUGUST DEKKER et al.,

Plaintiffs,

v. CASE NO. 4:22cv325-RH-MAF

JASON WEIDA et al.,

Defendants.

_____/

FINDINGS OF FACT AND CONCLUSIONS OF LAW

For many years, Florida's Medicaid system paid for medically necessary treatments for gender dysphoria. Recently, for political reasons, Florida adopted a rule and then a statute prohibiting payment for some of the treatments: puberty blockers, cross-sex hormones, and surgeries. This case presents a challenge to the rule and statute. The controversy is live only for puberty blockers and cross-sex hormones; no plaintiff currently seeks surgery. This order sets out the court's findings of fact and conclusions of law following a bench trial.