



Puberty Blocker Consent Form

Every medication has risks, benefits, and side effects that are important to understand before starting. It is also important to know how they work.

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

Medications for Blocking Puberty

___ I know that the Puberty Blockers are used to help temporarily suspend the physical changes of puberty.

___ I know it can take several months for the medication to be effective. I know that no one can predict how quickly or slowly an individual's body will respond.

___ I know that using this medication to block puberty in transgender and gender diverse youth is an off-label use. This means it is not approved by the Food and Drug Administration for this specific use. However it has been used for many years to block puberty in children who started puberty earlier than is healthy. I know that using a puberty blocker is based on the judgment and experience of our health care provider and is supported by the Society of Pediatric Endocrinology.

___ I know that the medication is not permanent. If treatment is stopped it will take about six months to restart puberty, beginning at the developmental stage the body was at when the puberty blocker was started.

___ I know that by taking these medications, the body will not make the hormones of puberty, testosterone or estrogen. At this time, there is family support for "putting on hold" these hormones and the changes that they create during puberty.

___ I understand that use of this medication may help avoid the unhappiness and trauma of unwanted puberty and pave the way for development in the affirmed gender, with a better fit between body and psyche.

___ I know that this medication may help avoid the need for surgeries and other treatments (e.g. mastectomies for people with ovaries, tracheal shaving or electrolysis for people with testicles) that would be required to try to reverse the effects of puberty.

___ I know that, especially in people with testicles, use of this medication may improve safety and integration into society during adulthood. This is because people



with testicles who underwent testosterone-based puberty are often unable to move through society without being identified as “male” (‘passing’) because of irreversible changes that testosterone-based puberty causes.

___ I know that people with testicles can take spironolactone or bicalutamide instead of puberty blockers to block the effects of testosterone.

___ I know that people with ovaries and a uterus may have a menstrual period 2-4 weeks after first taking this medication.

___ I know that our family is encouraged to have ongoing consultation with a therapist experienced in gender issues while a puberty blocker is being prescribed.

___ I have reviewed the above information.

Risks of Puberty Blockers

___ I know that the side effects and that the safety of these medicines are not completely understood. There may be long-term risks that are not yet known.

___ I know that this medication may have an effect on final height. It is possible that people with testicles may reach a shorter height, more typical of cis women. In people with ovaries, delaying the onset of puberty may actually result in slightly taller height. (One of the reasons that cis women are usually shorter than cis men is that puberty started at a younger age). Neither of these outcomes is certain.

___ I realize it is unknown whether there could be stalling of typical adolescent cognitive or brain development while on these medicines. If so, this will resume after discontinuation of medication. Very early research is supporting that cognitive development continues while on puberty blockers.

___ I know that other people may notice that puberty has stalled, which may become increasingly apparent with increased age and ongoing pubertal development in peers.

___ I know that some trans people experience harassment and discrimination. We are aware of resources for our family, and understand we may need to be advocates for safe participation, free from harassment, in schools and other activities. We know we can ask our health care team for help with this.

___ I have reviewed the above information.



Prevention of Medical Complications

____ I know puberty blocking medication is to be taken only as prescribed. I agree to tell my healthcare provider if there are any problems or side effects with the medication.

____ I know that these medications can be stopped at any time, and that this should be done with the help of our health care provider.

____ I understand periodic check-ups are needed to monitor medical effectiveness and safety.

____ I have reviewed the above information.

_____	_____
Patient signature	Date

_____	_____
Patient printed name	Date

_____	_____
Patient legal name/health insurance name	Date

_____	_____
Guardian signature	Date

_____	_____
Guardian printed name	Date

_____	_____
Guardian signature	Date

_____	_____
Guardian printed name	Date