15506 S. Telegraph Road, **Monroe**, MI 48161
3156 Dustin Road #301, **Oregon**, OH 43616
6855 Spring Valley Drive #150, **Holland**, OH 43528

Endocrine Specialists, PC

M. Moosa, MD

P: 734-682-5243 or 419-724-0004 | F: 888-677-1987 Call@EndoMDs.com www.EndoMDs.com

TRANSWOMAN INITIAL VISIT

Welcome! It is a pleasure to be of service to you. To help us provide you with the best transgender medical care, we need you to bring the following:

A. **Transwoman Initial Visit Packet:** You can download this packet from our website at www.EndoMDs.com. You will find it under "Forms". Please print it, and bring it with you to your initial visit. This packet includes:

1. Transwoman Initial Visit: (this document) It lists and explains the items that you need to bring to your initial visit.
2. Transgender Medical History: Please answer questions related to your transgender medical history.
3. Ohio BMV Declaration of Gender Change: We will fill it out/sign it for you to help you change your gender on your driver's license.
4. Letter Certifying Gender Change: We sign that letter for you to carry in public places to help prevent difficulties you could have with the authorities.
5. Consent For Estrogen For Transwomen: You need to read this carefully, discuss with the doctor, then initial/sign it; it will then be be cosigned by your doctor and added to your records.
6. Transgender Medical FAQ: Please read carefully; this will inform you on how we conduct your transgender medical care.
7. Feminizing Medical Therapy Expected Results: These help set your expectations regarding the results of your transgender medical therapy.

B. **Letter From Your Mental Health Provider** (MHP), i.e. Psychologist/Therapist. This is to certify that you are ready to receive transgender hormones/medications.

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TRANSGENDER MEDICAL HISTORY

IMPORTANT NOTE:

Some of the following questions are sensitive. Please answer only what you are comfortable with; your answers will help us identify hidden medical problems and prevent future ones.

Check all applicable options:

1. What is your preferred first name? _____
2. Are you: ☐ Transman ☐ Transwoman
3. Have you taken transgender hormone therapy in the past: ☐ No ☐ Yes:
   - ☐ Medically supervised by _____
   - ☐ Unsupervised: list name of these hormones and their source (if known) _____
   - ☐ Herbal: (circle one) red clover, black cohosh/snakeroot, sage, DHEA, _____
4. Have you had transgender surgery: ☐ No ☐ Yes: When? _____
5. Do you intend on having transgender surgery? ☐ No ☐ Yes: When? _____
6. Are you doing something to prevent pregnancy? ☐ No ☐ Yes: _____ ☐ Not Applicable
7. Please list all of your current treating physicians and/or therapists:

Name	Specialty	Phone

Name Signature Date

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

DECLARATION OF GENDER CHANGE

INSTRUCTIONS

The purpose of this form is to allow an individual, under the guidance and direction of a qualified and licensed professional, to change their gender designation.

All records of the Ohio Department of Public Safety or Bureau of Motor Vehicles relating to the physical or mental condition of any person are confidential and are not open to public record.

Send completed form to:

Ohio Department of Public Safety
Bureau of Motor Vehicles
Attn: License Control
P.O. Box 16784
Columbus, Ohio 43216-6784

Phone: (844) 644-6268
Fax: (614) 752-7306

Please allow 7 - 10 days for processing. The applicant will be notified in writing if the gender change is approved, and will receive documentation that may be presented to any local License Bureau agency.

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

DECLARATION OF GENDER CHANGE

TO BE COMPLETED BY APPLICANT (Please type or print in ink.)

APPLICANT'S LEGAL LAST NAME		FIRST NAME		MI
RESIDENTIAL ADDRESS		CITY	STATE	ZIP CODE
DRIVER LICENSE OR ID NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	MY GENDER IDENTITY IS	
		( ) -	☐ MALE ☐ FEMALE	

I certify that this request for gender designation is for the purposes of ensuring my driver's license/identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose. I certify under penalty of perjury that all information on this form is true and correct.

APPLICANT'S SIGNATURE	DATE SIGNED
X	

RELEASE OF INFORMATION

I hereby authorize my licensed professional to release the information below to the Ohio Bureau of Motor Vehicles for the purposes of obtaining a driver license or an identification card under my identified gender. _____ (Applicant's Initials)

LICENSED PROFESSIONAL'S STATEMENT

To be completed by a physician, psychologist, therapist, nurse practitioner, or social worker who is licensed to practice in the United States that certifies the gender identity of the applicant.

☑ PHYSICIAN ☐ NURSE PRACTITIONER ☐ PSYCHOLOGIST ☐ THERAPIST ☐ SOCIAL WORKER

LICENSED PROFESSIONAL'S LAST NAME	FIRST NAME	TELEPHONE NUMBER	
Moosa	Mahmood	(419) 724 - 0004	
PROFESSIONAL LICENSE / CERTIFICATE NUMBER	ISSUING STATE	NAME OF HOSPITAL OR MEDICAL CLINIC	
35067199	Ohio	Endocrine Specialists, PC	
STREET ADDRESS	CITY	STATE	ZIP CODE
6855 Spring Valley Drive STE 150	Holland	OH	43528

MY PROFESSIONAL OPINION IS THAT THE APPLICANT'S GENDER IDENTITY IS ☐ MALE ☐ FEMALE

I certify that my practice includes the treatment and counseling of persons with gender identity concerns, including the applicant named above, who is my patient. I certify under the penalty of perjury that all information on this form is true and correct.

SIGNATURE OF LICENSED PROFESSIONAL	DATE SIGNED
X	

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Letter Certifying Gender Change

Date: _____

To Whom It May Concern:

This is to certify

that _____, is under my medical care for gender transition, and has had appropriate clinical treatment for gender transition to the new gender of:

☐ male ☐ female.

This includes, but is not limited to, confirmed documentation stating this person has undergone appropriate mental and emotional counseling regarding their transition, and routine screening of pertinent endocrine conditions.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Name of Physician: Mahmood Moosa, MD Signature of Physician:

Ohio Medical License Number: 35-06-7199 (Expiration Date: 7/01/2022)
Michigan Medical License Number: 4301081240 (Expiration Date: 1/31/2022)

Endocrine Specialists, PC
Email: *Call@EndoMDs.com* ***Phone:*** *734-682-5243* ***OR*** *419-724-0004* ***Fax:*** *888-677-1987*

CONSENT FOR ESTROGEN FOR TRANSWOMEN

You want to take estrogen and other medications to feminize your body. Some of these medications need to be taken continually. Before using them, there are several things you need to know. They are the possible advantages, disadvantages, risks, and warning signs. We have listed them here for you. It's important that you understand all of this information before you start. We are happy to answer any questions you have.

What are the different medications that can help to feminize me?
Different types of the hormone estrogen can help you appear more like a woman. Estrogen is the female sex hormone. There are also medications that can help you appear less like a man. They are called androgen antagonists or anti-androgens or androgen blockers. Androgen is the male sex hormone.

Every medication has risks, benefits, and side effects that are important to understand before starting. Some need to be taken continuously to maintain their effects. It's especially important to know how they work.

Warning — who should not take estrogen?
It should not be used by anyone who has a history of
- an estrogen-dependent cancer
- blood clots that could or did travel to the lungs

It should be used with caution and only after a full discussion of risks by anyone who
- has a strong family history of breast cancer or other cancers that grow quicker when estrogens are present
- has diabetes
- has eye problems such as retinopathy
- has heart disease, heart valve problems, or a tendency to have easily clotted blood
- has hepatitis
- has high cholesterol
- has kidney or liver disease
- has migraines or seizures
- is obese
- smokes cigarettes

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

Feminizing

_____ I know that estrogen or anti-androgens – or both – may be prescribed to help me appear less like a man and more like a woman.

_____ I know it can take several months or longer for the effects to become noticeable. I know that no one can predict how fast – or how much – change will happen.

_____ I know that if I am taking estrogen I will probably develop breasts.
- I know it can take several years for breasts to get to their full size.
- I know the breasts will remain, even if I stop taking estrogen.
- I know I should examine my breasts as soon as they start growing. I should also have a clinician examine them every year.
- I know I might have a milky discharge from my nipples — galactorrhea. If I do, I know I should check it out with my clinician because it could be caused by the estrogen or by something else.
- I know that no one knows if taking estrogen increases the risk of breast cancer.

_____ I know that the following changes are usually not permanent — they are likely to go away if I stop taking the medicines.

- I know my body hair will become less noticeable and will grow more slowly. But it won't stop completely, even if I take the medicines for years.
- I know I will probably have less fat on my abdomen and more on my buttocks, hips, and thighs. It will be redistributed to a more female shape — changing from ‑apple shape‖ to ‑pear shape.‖
- I know that if I have male pattern baldness it may slow down, but probably not stop completely. It is also very likely that hair that has been lost will not grow back.
- I know I may lose muscle and strength in my upper body.
- I know that my skin may become softer.

_____ I know that my body will make less testosterone. This may affect my sex life in different ways and future ability to cause a pregnancy:

- I know my sperm may no longer get to mature. This could make me less able to cause a pregnancy. I also know I might never produce mature sperm again. But I know that it's also possible that my sperm could still mature. So, I know that I might get someone pregnant if we have vaginal intercourse and we don't use birth control.

The options for sperm banking have been explained to me.

- I know that my testicles may shrink down to half their size. Even so, I know that I will need regular checkups for them.
- I know that I won't have as much cum when I come.
- I know it is likely that I won't be hard in the morning as often as before. And it is likely that I will have fewer spontaneous erections.
- I know I may not be able to get hard enough for penetrative sex.
- I know that I may have less sex drive.
- I know this treatment may (but is not assured to) make me permanently unable to make a woman pregnant.

_____ I know that some parts of my body will not change much by using these medicines.

- I know the hair of my beard and moustache may grow more slowly than before. It may become less noticeable, but it will not go away.
- I know the pitch of my voice will not rise, and my speech patterns will not become more like a woman's.
- I know my ‑Adam's apple‖ will not shrink.

Although these medicines can't make these changes happen, there are other treatments that may be helpful.

_____ I know if I have any concerns about these issues, you can make referrals for me to help me explore other treatment options.

Risks of Feminizing Medications

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

_____ I know not to take more medicine than I am prescribed. I know it increases health risks. I know that taking more than I am prescribed won't make changes happen more quickly or more significantly. I know my body can convert extra estrogen into testosterone, and that can slow down or stop my appearing more womanly.

_____ I know these medicines may damage the liver and may lead to lead to liver disease. I know I should be checked for possible liver damage as long as I take them.

_____ I know these medicines cause changes that other people will notice. Some transgender people have experienced harassment, discrimination, and violence because of this. Others have lost the support of loved ones. I know my clinician can help me find advocacy and support resources.

Risks of Estrogen

_____ I know that taking estrogen increases the risk of blood clots that can result in
- chronic problems with veins in the legs
- heart attack
- pulmonary embolism – blood clot to the lungs – which may cause permanent lung damage or death
- stroke, which may cause permanent brain damage or death

_____ I know that the risk of blood clots is much worse if I smoke cigarettes — especially if I am over 40. I know the danger is so high that I should stop smoking completely if I start taking estrogen. I know that I can ask my clinician for advice about how to stop smoking.

_____ I know taking estrogen can increase the deposits of fat around my internal organs. This can increase my risk for diabetes and heart disease.

_____ I know taking estrogen can raise my blood pressure. I know that if it goes up, my clinician can work with me to try to control it with diet, lifestyle changes, and/or medication.

_____ I know that taking estrogen increases my risk of getting gallstones. I know I should talk with my clinician if I get severe or long-lasting pain in my abdomen.

_____ I know that estrogen can cause nausea and vomiting. I know I should talk with my clinician if I have long-lasting nausea or vomiting.

_____ I know that estrogen can cause headaches or migraines. I know I should talk with my clinician if I have headaches or migraines often or if the pain is unusually severe.

_____ I know that it is not yet known if taking estrogen increases the risk of prolactinomas. These are non-cancerous tumors of the pituitary gland. I know they are not usually life-threatening, but they can damage vision and cause headaches. I know this needs to be checked on for at least three years after I start taking estrogen.

_____ I know that I am more likely to have dangerous side effects if
- I smoke.
- I am overweight.
- I am over 40 years old.
- I have a history of blood clots.
- I have a history of high blood pressure.
- My family has a history of breast cancer.

Risks of Androgen Antagonists

_____ I know that spironolactone affects the balance of water and salts in the kidneys. This may
- Increase the amount of urine I produce, making it necessary to urinate more frequently.
- Increase thirst.
- Rarely, cause high levels of potassium in the blood, which can cause changes in heart rhythms that may be life-threatening.
- Reduce blood pressure.

_____ I know some androgen antagonists make it more difficult to evaluate test results for cancer of the prostate. This can make it more difficult to check up on prostate problems. I know that if I am over 50, I should have my prostate evaluated every year with a prostate-specific antigen test, as applicable.

Prevention of Medical Complications

_____ I agree to take feminizing medications as prescribed. And I agree and to tell my care provider if I have any problems or am unhappy with the treatment.

_____ I know that the dose and type of medication that's prescribed for me may not be the same as someone else's.

_____ I know I need periodic physical exams and blood tests to check for any side effects.

_____ I know that feminization medications can interact with other drugs and medicines. These include alcohol, diet supplements, herbs, other hormones, and street drugs. This kind of interaction can cause complications. I know that I need to prevent complications because they can be life-threatening. That's why I need to be honest with my clinician about whatever else I take. I also know that I will continue to get medical care here no matter what I share about what I take.

_____ I know that it can be risky for anyone with certain conditions to take these medicines. I agree to be evaluated if my clinician thinks I may have one of them. Then we will decide if it's a good idea for me to start or continue using them.

_____ I know that I should stop taking estrogen two weeks before any surgery or when I may be immobile for a long time. This will lower the risk of getting blood clots. I know I can start taking it again a week after I'm back to normal or when my clinician says it's okay.

_____ I know that using these medicines to appear more womanly is an off-label use. I know this means it is not approved by the government. I know that the medicine and dose that is recommended for me is based on the judgment and experience of the clinician.

_____ I know that I can choose to stop taking these medicines at any time. I know that if I decide to do that, I should do it with the help of my clinician. This will help me make sure there are no negative reactions. I also know my clinician may suggest that I cut the does or stop taking it at all if certain conditions develop. This may happen if the side effects are severe or there are health risks that can't be controlled.

_____ I know that there are alternatives to using estrogen to help me appear more womanly. If I am interested in alternatives to estrogen therapy, I will talk to my clinician at Endocrine Specialists, PC about my options.

_____ I know that in addition to getting endocrine care at Endocrine Specialists, PC who prescribe me hormones and other medications to help me appear manlier, I need to seek care from a primary care physician who is experienced with transgender primary care to take care of general medical problems, like flu, help coordinate the various medical services I receive from various specialists, and screen for important things like cancer whenever necessary.

My signature below confirms that

- My clinician has talked with me about
  1. the benefits and risks of taking feminizing medication
  2. the possible or likely consequences of hormone therapy
  3. potential alternative treatments
- I understand the risks that may be involved.
- I know that the information in this form includes the known effects and risks. I also know that there may be unknown long-term effects of risks.
- I have had enough opportunity to discuss treatment options with my clinician.
- All of my questions have been answered to my satisfaction.
- I believe I know enough to give informed consent to take, refuse, or postpone therapy with feminizing medications.
- I am 18 years old or older.

Based on all this information:

____ I **WANT** to take estrogen and other feminizing medications.

_____ I do **NOT** want to take estrogen and other feminizing medications.

_____ _____
Transperson's signature Date

_____ _____
Prescribing clinician's signature Date

Your health is important to us. If you have any questions or concerns please call us at 734-682-5243 OR 419-724-0004. We will be happy to help you.

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Transgender Medical FAQ

Q: Do I need a **letter** from a licensed mental health professional to start transgender hormones?

A: **Yes.** Although we do not require a referral letter before seeing you initially, in order to **prescribe hormone therapy,** we need a **letter** from a qualified mental health professional that states you are ready for that.

Q: Do I need a **primary care physician**?

A: **Yes.** In addition to hormones and other medications that we prescribe for you at our clinic, you need a primary care physician to take care of general medical problems, like the flu. They can also help to coordinate the various medical services you receive from any other specialists, and screen for important things like cancer, whenever necessary.

Q: Do all transgender people need **surgery**?

A: No. Some transgender people have no desire to pursue surgeries or medical intervention. Many desire only medical intervention. Others add surgery.

Q: Do I have to sign a **consent** before receiving transgender medical therapy?

A: **Yes.** In addition to the general consent for treatment, there is another consent form that you need to sign that particularly goes over different aspects of transgender medical therapy.

Q: **How frequently** do we check hormone blood level on hormone therapy?

A: This varies based on where the hormone levels are throughout treatment, but generally every month until a stable or consistent level of hormones is achieved. Visits would then change to every 3-6 months, per the individual's need.

Q: Are all medical services for transgender care **covered by insurance**?

A: **Some.** As is the case with all medical care matters, each insurance company covers a particular set of services. We recommend that you check with your insurance on whether they cover a particular service, how much is your copay/coinsurance, and whether or not you will be able to take care of your out-of-pocket costs, before you physically receive that service.

Q: Do we have a **preference for certain types of medications**?

A: **No.** We take into consideration several factors, e.g. your personal preference, appropriateness to your medical condition, insurance coverage, cost, market availability, etc.

Q: Do I need to **change my gender and name with the authorities** before starting transgender medical therapy?

A: **No.** However, **we recommend** you start working on that soon. Changing your gender on your ID is particularly helpful, as it will ensure that once you've registered your gender at the lab/hospital/insurance company, you can receive the proper services, and your lab test results are reported in a way that is consistent with your desired gender. We have a form from Ohio BMV that we can sign to help you change your gender on your Ohio driver's license.

- My signature below indicates that I understand and accept the above-mentioned information, and that I want to start/continue transgender hormone therapy.

Name Signature Date

Endocrine Specialists, PC

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Feminizing Medical Therapy Expected Results

1. Most physical changes occur over 2 years.
2. Amount of changes and exact timeline are highly variable, partly dependent on dose, route of administration, and medications used, which are selected in accordance with the transperson's:
    a. Specific medical goals (e.g., changes in gender-role expression, plans for sex reassignment)
    b. Medical risk profile

Feminizing Medical Therapy Effect (a)	**Onset (a)**	**Max (a)**
Redistribution of body fat	3-6 M	2-3 yr
Decrease in muscle mass & strength	3-6 M	1-2 yr
Softening of skin/decreased oiliness	3-6 M	Unknown
Decreased libido	1-3 M	3-6 M
Decreased spontaneous erections	1-3 M	3-6 M
Male sexual dysfunction	Variable	Variable
Breast growth	3-6 M	2-3 yr
Decreased testicular volume	3-6 M	2-3 yr
Decreased sperm production	Unknown	>3yr
Decreased terminal hair growth	6 -12 M	>3yr (b)
Scalp hair	No regrowth	(c)
Voice changes	None	(d)

a Estimates represent published and unpublished clinical observations.
[b] Complete removal of male sexual hair requires electrolysis, or laser treatment, or both.
[c] Familial scalp hair loss may occur if estrogens are stopped.
[d] Treatment by speech pathologists for voice training is most effective.

- My signature below indicates that I understand and accept the above-mentioned expectations, and that I want to start/continue transgender hormone therapy.

Name _____ signature _____ Date _____