Lothian NHS Board

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www.nhslothian.scot.nhs.uk

Date: 21/04/2026
Our Ref: 11235
Enquiries to loth.freedomofinfomation@nhs.scot

Dear

FREEDOM OF INFORMATION – SEXUAL HEALTH CLINIC CONSENT AGREEMENT

I write in response to your request for information in relation to NHS Lothian's sexual health clinic.

Question:

Please provide the following information regarding the Chalmers Clinic: A copy of the consent agreement form signed by patients when they are prescribed cross sex hormones.

Answer:

I have attached copies of the consent forms used.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at https://www.foi.scot/appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive

Record of Informed Consent Discussion for Feminising Hormone Treatment

This form refers to gender affirming hormone treatment (by the use of estrogen and/or androgen suppressing medication) by persons who wish to become more feminised as part of a gender transitioning process.

Person's details (or pre-printed label)		
Surname	_____	One copy to be retained in clinical notes and one to be given to the person.
First name	_____	
Date of Birth or CHI		

People present at discussion (including relationship to person considering treatment if relevant):

1. _____
2. _____
3. _____

The information listed in the box below shows potential benefits, risks and side effects associated with estrogen and anti-androgens.

POTENTIAL BENEFITS These changes may be permanent	POTENTIAL RISKS / SIDE EFFECTS
Breast development	Increased risk of developing blood clots in the leg or lung (deep vein thrombosis or pulmonary embolism) which can be life threatening
Reduction in facial and body hair	Long term risk of breast cancer. Continued health risks associated with male organs, including the prostate
Change in distribution of body fat	Prevention of sperm production with likely loss of fertility and unknown long-term effects on the testicles
Reduction in erectile function	Increased risk of high blood pressure, heart attacks and strokes
Increased levels of energy and drive	Migraine
Reduced sex drive	Abnormal liver function blood tests
Changes in mood or affect	

Your clinical team will work with you on a shared collaborative basis. This means that they will help you to understand the benefits and risks of your proposed treatment so that you can make informed and confident decisions about it. They cannot guarantee the expected effects, nor make the decision to proceed for you. You must be satisfied that this is the right decision for you.

Record of Informed Consent Discussion for Feminising Hormone Treatment

By signing this consent statement, you are confirming that:

- you understand of all the information given to you and all of your questions have been answered to your satisfaction
- you are aware of the physical and psychological changes that will occur with gender affirming hormones, including associated risks and side effects
- you have adequate knowledge on which to base an informed consent and wish to progress with treatment on estrogen and/or androgen suppression.

Please take the time to read and consider the following points before signing:

1.	I have read and understood this information about hormone treatment
2.	I understand the different ways hormone treatment can be given
3.	I have been informed of the potential benefits of starting hormone treatment
4.	I have been informed of the potential risks and side effects associated with hormone treatment
5.	The option of preservation of my fertility has been discussed with me, and I am aware of the consequences of deciding against this.
6.	I have been given the opportunity to ask questions and participate in discussions about starting hormone treatment with my clinician
7.	I am aware of the requirement for life-long regular monitoring of hormone treatment (which may include blood tests and physical monitoring). I understand that the NHS may not be able to continue prescribing hormone treatment if I do not engage with monitoring.
8.	My decision to commence hormone treatment has been made voluntarily
9.	I understand I can stop treatment at any time without having to give reasons
10.	I am fully aware that starting hormone treatment will bring about permanent changes to me, and should I wish to stop this treatment later on in my life, the changes that happen may not all reverse, and that the NHS may not fund treatment where reversal is possible
11.	I understand that the medication prescribed for hormone treatment may be “off label” meaning that it was not created to help people transition, and there are no clinical trials that support its use in this way
12.	I understand that there is a small risk that this treatment may not be right for me, or that I may consider this to be the case in the future. I have had sufficient opportunity to discuss and understand this and am happy to proceed.

Person consenting:

Signature _____ Name _____ Date _____

Clinician obtaining consent:

Signature _____ Name _____ Date _____

Record of Informed Consent Discussion for Masculinising Hormone Treatment

This form refers to gender affirming hormone treatment (by the use of testosterone and/or estrogen-suppressing medication) by persons who wish to become more masculinised as part of a gender transitioning process.

Person's details (or pre-printed label)		
Surname	_____	One copy to be retained in clinical notes and one to be given to the person.
First name	_____	
Date of Birth or CHI		

People present at discussion (including relationship to person considering treatment if relevant):

1. _____
2. _____
3. _____

The information listed in the box below shows potential benefits, risks and side effects associated with testosterone and estrogen suppresion.

POTENTIAL BENEFITS * IRREVERSIBLE changes	POTENTIAL RISKS / SIDE EFFECTS
Periods will stop	Continued health risks associated with female organs e.g. breast, cervical & uterine cancer (until surgery)
*Deepening of the voice	Additional cardiovascular health risks associated with males e.g. high blood pressure and heart attacks
*Growth of the clitoris	Increased red blood cells (polycythaemia)
Change in distribution of body fat and increased muscle mass	Reduction in ovulation with likely loss of fertility. Long term effects of testosterone on ovaries/eggs unknown
*Growth of facial and body hair	*Male pattern hair loss or balding
Increased levels of energy and drive	Mood or affective changes
Increased sex drive	Benign intracranial hypertension
Increased appetite and potential weight gain	Increased risk of raised cholesterol, abnormal liver function and diabetes
	The need for contraception
	Thinning and inflammation of the vaginal walls (vaginal atrophy)

Your clinical team will work with you on a shared collaborative basis. This means that they will help you to understand the benefits and risks of your proposed treatment so that you can make informed and confident decisions about it. They cannot guarantee the expected effects, nor make the decision to proceed for you. You must be satisfied that this is the right decision for you.

Record of Informed Consent Discussion for Masculinising Hormone Treatment

By signing this consent statement, you are confirming that:

- you understand of all the information given to you and all of your questions have been answered to your satisfaction
- you are aware of the physical and psychological changes that will occur with gender affirming hormones, including associated risks and side effects
- you have adequate knowledge on which to base an informed consent and wish to progress with treatment on testosterone and/or estrogen suppression

Please take the time to read and consider the following points before signing:

1.	I have read and understood this information about hormone treatment.
2.	I understand the different ways hormone treatment can be given.
3.	I have been informed of the potential benefits of starting hormone treatment.
4.	I have been informed of the potential risks and side effects associated with hormone treatment.
5	I understand that testosterone is not contraception and that there is a risk of abnormalities in the fetus (teratogenicity) if I were to become pregnant whilst taking testosterone.
6	I have been informed about the need for effective contraception.
7.	The option of preservation of my fertility has been discussed with me, and I am aware of the consequences of deciding against this.
8.	I have been given the opportunity to ask questions and participate in discussions about starting hormone treatment with my clinician.
9.	I am aware of the requirement for life-long regular monitoring of hormone treatment (which may include blood tests and physical monitoring). I understand that the NHS may not be able to continue prescribing hormone treatment if I do not engage with monitoring.
10.	My decision to commence hormone treatment has been made voluntarily.
11.	I understand I can stop treatment at any time without having to give reasons.
12.	I am fully aware that starting hormone treatment will bring about permanent changes to me, and should I wish to stop this treatment later on in my life, the changes that happen may not all reverse, and that the NHS may not fund treatment where reversal is possible.
13.	I understand that the medication prescribed for hormone treatment may be “off label” meaning that it was not created to help people transition, and there are no clinical trials that support its use in this way.
14.	I understand that there is a small risk that this treatment may not be right for me, or that I may consider this to be the case in the future. I have had sufficient opportunity to discuss and understand this and am happy to proceed.

Person consenting:

Signature _____ Name _____ Date _____

Clinician obtaining consent:

Signature _____ Name _____ Date _____