



Trans Care

Gender transition

Getting hormones

Hormone therapy can have positive and important effects on trans people's quality of life. This booklet focuses on the process for getting hormones:

- **Step 1:** Making the decision to start hormones
- **Step 2:** Finding a hormone prescriber
- **Step 3:** Physical and mental health assessment
- **Step 4:** Deciding on a care plan

The information here is written specifically for trans people who have already decided they want to take hormones, and are looking for information about how to get started. It may also be a helpful resource for partners, family, and friends who are wondering how the process works. For medical professionals who are involved in prescribing hormones or are looking after the health of someone who is taking hormones, there is a detailed set of guidelines for doctors and nurses available from the Transgender Health Program (see last page).

This booklet does not include information about hormone types, doses, effects, possible side effects, or maintenance care. For more information about these topics, read the booklets *Hormones: A Guide for MTFs* and *Hormones: A Guide for FTMs*, available from the Transgender Health Program (see last page).

Step 1: Making the Decision to Start Hormones

Am I sure?

There is no one right way to make the decision whether to take hormones, and as with any big life-changing decision it is normal to have doubts, fears, and anxieties about hormone therapy. However, it is important that you are sure you want to go ahead before you start, because some of the changes can't be undone.

We know from our own experiences and from listening to many other people that every person's situation is unique, that there is no one way to make a decision about hormone therapy, and that it is not as simple as a one-time yes or no – it is often a long process that is shaped by internal feelings and beliefs and also by ever-changing external circumstances that are not necessarily in your control (health, money, family responsibilities, limited access to services, etc.)

It's been our experience that people tend to make decisions about hormone therapy the same way they make decisions about the rest of life. Some trans people look for a strong internal feeling that hormone therapy is right and don't want to be influenced by what other people think, while others want to get opinions from friends, family members, other trans people, counsellors, or other health professionals as part of making the decision.

Whatever way you think things through, some questions to consider are listed below and on the next page. There aren't any right answers to these questions, they are just ways to think through various aspects of hormone therapy so you can better understand your feelings, values, and expectations.

- Do you have a clear mental picture of what you want life to be like after you start hormones? How do you think you might feel if the results don't match that mental picture?
- Are you hoping hormone therapy will fix anything, and if so, what?
- What parts of your life might change after hormone therapy? What do you hope might change, and what do you fear might change?
- Do you think your hopes are realistic? How can you tell if they are or not?

- How much do you know about the options for hormone therapy? What more do you need to know to be able to make a fully informed decision?
- Who else in your life will be affected by your decision? How do you think they will feel about you taking hormones? How will their reactions impact you?
- What do you think is a “wrong reason” to take hormones? What do you think are the “right reasons”?

Am I ready?

It's not enough to be sure that hormone therapy is right for you – you should also be sure it is the right time in your life to start. This depends on your readiness for the physical changes and mental adjustment involved, and also your readiness to deal with the reactions of others.

Mental readiness doesn't mean you have no mental health problems or life stresses, it means you have:

1. *A solid sense of your gender identity*

Hormone therapy is not for people who are just starting to question, explore, and think through issues around gender identity. If you are thinking about hormones as part of your initial process of exploring gender issues, give yourself some time to get a clear sense of how you identify and how hormones will contribute to this sense of self before making a decision.

2. *Enough mental stability to make an informed decision about your medical care*

Times of chaos and crisis are not the best times to make big decisions. Being in crisis can make it hard to think clearly and make fully informed decisions. If you are finding it hard to make general life decisions because you're overwhelmed by anxiety, depression, drug or alcohol problems, family stresses, work problems, or other issues, you're not in a good place to make a big decision like whether to start hormones and what kind of hormones to take. Get peer or professional support to work on whatever is making it hard to think things through, and then come back to the question of whether to start hormones when your mind is clearer.

3. Enough coping skills and supports to withstand the typical stresses of hormone therapy

Trans people often feel exhilarated and liberated after starting hormone therapy, but it is also common to have emotional ups and downs. It can be difficult to adjust to changes to how your body looks and feels, to deal with side effects, and to deal with other people's reactions. For some loved ones, physical change is the first time it really sinks in that gender issues are not going to go away and that you really are trans. This can be a hard emotional process for them and can affect the support they can offer. If you don't feel you have the emotional resilience to deal with these possibilities, now is not the right time to start hormones.

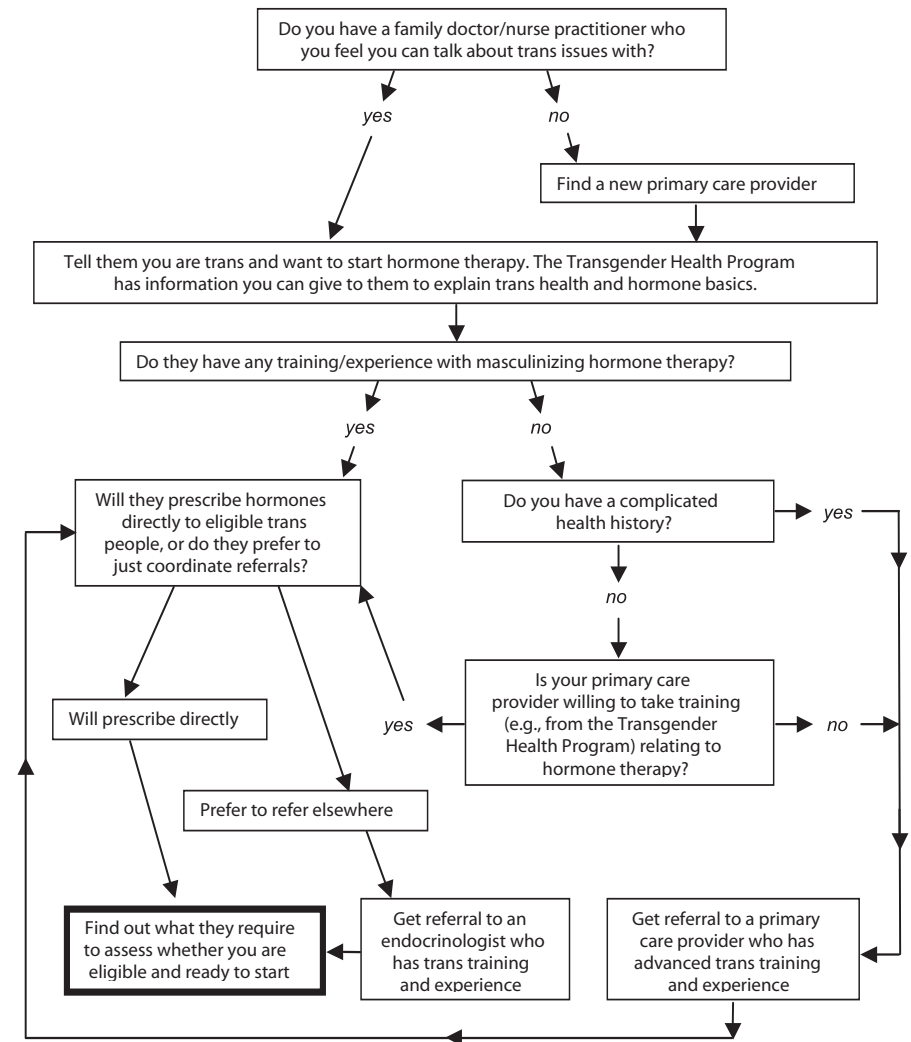
If you are sure that hormone therapy is right for you but you are not sure that you are ready at this point in your life, you don't have to abandon hormones altogether. You can work towards starting hormones by thinking about what might help you get to the point where you are ready – counselling, advocacy, peer support, etc. – and slowly but steadily making life changes to move closer to readiness.

Step 2: Finding a Hormone Prescriber

In BC, hormones can be prescribed by an endocrinologist (hormone specialist), family physician, or nurse practitioner. It's fine to get hormones from an endocrinologist, but it's not necessary unless you have an underlying hormone disorder. Family doctors (GPs) and nurse practitioners prescribe hormones to non-trans people and with a little trans health training can also do it for trans people.

Note: in BC, nurse practitioners can prescribe estrogen, anti-androgens, and progesterone (MTF), but only a doctor can prescribe testosterone (FTM). The chart on page 5 explains how to find a health professional who can prescribe hormones.

Finding a Hormone Prescriber Flowchart



Option A: Get hormones from your current health provider

If you feel comfortable with your regular GP/nurse or already have an endocrinologist for another health condition, talk with them about being trans and let them know that you want to take hormones. If they don't know anything about trans issues, it may be useful to prepare for this by contacting the Transgender Health Program to get information written specifically for medical professionals to help them learn about trans health and hormone therapy.

Option B: Contact a new health care provider

If your regular GP/nurse doesn't want to discuss hormones with you, or you don't feel comfortable discussing trans issues with them, you will need to find a new primary care provider. Options include:

- Contact one of the GPs listed in the Transgender Health Program resource guide, online at: <http://www.vch.ca/transhealth/resources/directory/subjects/medical.html#gp>. Some of these GPs will directly provide hormones, while others will refer you to an endocrinologist.
- Contact the Transgender Health Program (see last page) and ask for help with a referral.
- Contact trans community groups or listservs to get recommendations. For community contact information, see <http://www.vch.ca/transhealth/resources/transgroups.html>

If your primary care provider is supportive but doesn't feel knowledgeable enough to do the hormone prescription, they can refer you to an endocrinologist who can jointly coordinate hormone care. The Transgender Health Program has a list of trans-experienced BC endocrinologists at <http://www.vch.ca/transhealth/resources/directory/subjects/genderspecialty.html#endocrinologists>, or you can contact the program (see last page) to find out options. The Transgender Health Program can also provide training for your primary care provider to help them learn how to manage hormone care.

Step 3: Physical and Mental Health Assessment

For both trans and non-trans people, with any kind of medication, the prescribing professional is ethically and legally responsible to make sure that:

- the medication the patient is asking for is an appropriate form of treatment
- the patient understands what the medication will and won't do, as well as possible risks and complications that might happen as a result
- any conditions that might be made worse by the medication are under control
- the patient understands how to take the medication
- there is a plan in place to evaluate whether the medication is working properly

As part of this process it is standard for the doctor/nurse to: ask the patient questions about their health history, ask about the patient's reasons for wanting the medication they're asking for, do exams and lab tests to check for any physical conditions that could be affected, and make sure the patient is competent to make a medical decision. Depending on the type of medication and the patient's health, the doctor/nurse might feel confident to do this on their own, or they might want input by specialists to help guide the decision.

The basic process is the same for trans people. Some trans people are fully prepared by the time they ask for hormones: they already understand what physical and mental changes to expect, know what risks are involved, understand how to deal with complications, and have good support to help cope with the changes. Others have unrealistic expectations, misinformation, or a physical or mental health condition that could be made worse by hormones, and need time and professional assistance to help them think it through or to make their physical/mental health more stable before starting.

Who can do the assessment?

As with any other type of medication, assessment before hormones involves an initial evaluation of your physical and mental health, with

more detailed followup if there are any areas that need attention. The doctor/nurse who you've asked to prescribe you hormones should do the physical assessment. For the mental health assessment, you have three options:

- a) If your doctor/nurse has training in both trans medicine and mental health, they can do the mental health assessment.
- b) If your doctor/nurse doesn't have trans mental health training or wants another opinion, they may refer you to a mental health professional (e.g., counsellor, psychiatrist, psychologist, social worker) who has training in trans hormone assessment. You can also ask to be seen by a trans-experienced mental health professional if your doctor/nurse is so busy that assessment by them will take a long time.
- c) If you are considering sex reassignment surgery at a later date and you are hoping to get coverage from the BC Medical Services Plan (MSP) for this, consider being assessed by a psychologist or psychiatrist who has been approved by MSP – this lays the groundwork for the MSP surgery assessment later on. The Transgender Health Program (see last page) can help you find a MSP-approved assessor if this is the route you want to go.

If the mental health assessment is being done by a mental health professional (not your regular doctor/nurse), the mental health assessment will probably be done first – the physical assessment is usually done as the last step before starting hormones. If you have a history of health problems that could be made worse by hormones (e.g., heart disease, stroke), you may be referred to a specialist for physical evaluation at the same time you are referred to a mental health professional.

What is being checked in assessment?

Hormone assessors have two basic jobs: helping you make an informed decision, and documenting that you meet physical and mental standards for eligibility and readiness. Most trans-experienced professionals follow the Harry Benjamin International Gender Dysphoria Association (HBIIGDA)'s *Standards of Care* (<http://www.hbigda.org/soc.htm>); the Transgender Health Program has created more detailed guidelines and training in hormone assessment to help promote a consistent approach. The following section explains how the Transgender Health Program recommends assessment be done.

1. Mental health assessment

In the past, mental health assessment was a long process to diagnose who was and wasn't a "true transsexual." The Transgender Health Program is now training clinicians in BC to take a different approach to mental health assessment. The new approach focuses on:

- discussing your goals for hormone treatment (not everyone wants the same things)
- confirming that you are able to make a fully informed decision: you can think clearly, you have access to accurate information about hormones, and you understand the risks and benefits
- checking for mental health conditions that could be made worse by hormones, so these can be stabilized before you start
- checking that you are stable enough to cope with the stresses of hormonal changes, and arranging peer or professional counselling, advocacy, or other support as needed
- documenting your health needs (including reasons for recommending or not recommending hormones as part of treatment), in a format that other health professionals can understand

This kind of mental health assessment can usually be done in 1–3 appointments with a mental health professional (2–6 sessions with a GP/nurse, as their appointments are usually shorter). The assessment should not significantly delay the process for people who are fully prepared and have no major health risks. People who need more time or help to think through the decision, or who have a health condition that needs attention, will have followup sessions scheduled as part of the care plan.

Having past or current mental health problems does not mean you will be automatically rejected for hormones. Mental readiness for hormones means having:

- a solid sense of your own gender identity (you're not at the beginning stages of questioning, exploring, and thinking things through; you have a clear sense of how you identify and how hormones will contribute to this sense of yourself)
- enough mental stability to make an informed decision about your medical care
- enough coping skills and supports to withstand the typical stresses of hormones

What will the mental health assessor ask me about?

The questions depend on the type of practitioner (doctor, social worker, etc.) and how long you have been seeing them. If you are a new patient, the questions will be more detailed because the assessor needs to know your personal and family background and history, and to get a sense of who you are. If you already know the assessor you may just be asked questions about topics that they haven't asked you about in the past, or about changes since the last time they saw you.

The ways that you answer and ask questions in this initial evaluation help the assessor get to know you, and to evaluate whether or not you can make an informed decision about your care. In determining whether you can give informed consent, the assessor will consider both your basic capacity to give consent and also how well *informed* you are. Part of the mental health assessment is checking that you are aware of the medical and social impacts of transitioning – the likely risks and benefits of undergoing visible physical changes. In most cases it is straightforward for the assessor to figure out whether or not you understand your options and can make an informed decision. In some cases the assessor may want you to be seen by another person for a more detailed evaluation.

a) General information

The mental health assessor will likely ask questions about:

- General personal history: who you are, home life, what you do during the day, education, work, friends, family, hobbies, interests
- Relationships: family, sexual partner(s), friends, your support system
- Medical and mental health history, including past/present use of medication, drugs, and alcohol

Questions about your mental health are included because there are some mental health conditions that, very rarely, give people temporary gender dysphoria or lead people who are not trans to believe it is a good idea to go through sex reassignment. For example, schizophrenia and other thought disorders can sometimes cause people to have delusions and make them hallucinate that they are a gender other than their birth sex. If the assessor believes you're in this situation, you will probably be recommended for mental health treatment first, then reassessed to see if you still have gender concerns. Even if you have a serious mental illness like schizophrenia, if the condition is under control and you still have trans feelings, hormones may be an option for you.

Trans people are often scared to talk with the hormone assessor about mental health issues because they are worried that they will be turned down for hormones if they have past or current mental health problems. Having mental health problems does **NOT** necessarily mean you will be denied hormones. If you are stable enough to make decisions and withstand the stress of hormonal changes, you can get mental health treatment and start hormones at the same time.

Trans people experience many stresses living in a transphobic society and these stresses can cause depression, anxiety, or other mental health issues. The lack of access to respectful mental health care can mean that mental health problems go undiagnosed and untreated. If the mental health assessor thinks you have a mental health condition that has not previously been recognized or is otherwise concerned about your mental health, they may talk about treatment options with you, or offer to refer you to a psychiatrist or other mental health professional. If you have mental health issues that are severely impacting your overall stability or capacity to give consent, getting treated will help make it more possible to consider hormones in the future. Competent, respectful mental health care can make a big difference in your quality of life.

b) Trans-specific questions

You will also be asked questions that relate specifically to your decision to pursue hormones.

The mental health assessor will likely ask about:

- How you self-identify in terms of gender, influences you feel were important in shaping who you are, and how you have felt about your gender at various points in your life
- Transition process thus far, and future plans
- Your experience around coming out as trans, or deciding not to come out
- Your reasons for wanting hormones at this point in your life, and what changes you think will likely happen after starting to take hormones
- How you feel about possible effects/risks/complications of hormones
- Supports and sources of information that you have found useful or not useful in the past, and any supports or information you want now or in the future

Knowing people’s reasons for wanting to take hormones is important because some people mistakenly think taking hormones will fix problems that aren’t related to gender dysphoria. For example, some people who are gay/lesbian have such strongly internalized homophobia that they think changing gender is the answer to their feelings of shame and embarrassment. For people in this situation, counselling for their internalized homophobia is more appropriate than taking hormones.

c) Counselling and “Real Life Experience” (RLE)

The Harry Benjamin International Gender Dysphoria Association’s *Standards of Care* recommend (but do not require) that before starting hormones, you complete either:

- three months of “real life experience” (living full-time as the gender you identify as), or
- counselling for a period of time set by the mental health assessor (usually three months or more)

Taking hormones is a big step, there are potentially serious health risks, and some of the effects are permanent even if you stop taking hormones (for example, you may be permanently sterile). To recommend you for hormones, the assessor must be confident that you have gone through a period of “soul-searching” – that you’ve really thought this through and are solid about your decision.

If you can show the mental health assessor that you have seriously considered the benefits and possible risks (on your own, with friends/family, with a counsellor or another health professional, and/or via peer support) and are fully prepared to start hormones, you may not have to go through additional counselling or prove that you have completed RLE. If there are going to be big changes in your life from taking hormones, the mental health assessor will want to know how you’re planning to deal with those changes. They may recommend counselling or other supports if they feel you need help to think through the decision or cope with the stress of change.

Making a treatment recommendation

After the first 1–3 sessions, the mental health assessor will likely talk with you about next steps. In some cases the next step in care is to go through physical evaluation for hormones. In other cases the assessor might recommend that you:

- get help from a peer counsellor, social worker, or advocate to stabilize a crisis issue (e.g., housing, family crisis) – usually with the names of some possible resources
- be seen by another professional for a more thorough evaluation of an issue they feel may be affecting your ability to give informed consent (e.g., drug/alcohol use, developmental disability, head injury, mental health condition)
- talk with a specialist about a physical or mental health condition that might be negatively affected by hormones
- go through counselling to further explore gender issues – usually with a recommendation about the areas they suggest you explore, a general sense of the number of sessions/length of time they recommend as the minimum, and some names of trans-friendly counsellors
- start “real life experience”

If you disagree with the mental health assessor’s treatment recommendation, you can:

- ask the assessor to explain the reasons for their decision, or make another appointment with you to discuss their reasons
- ask the assessor if they would meet with you again and reconsider their decision
- ask the assessor what you would need to do to be reconsidered in the future
- ask for a referral to another health professional, to get another opinion

2. Physical health assessment

According to the HBGDA *Standards of Care*, the doctor/nurse who prescribes you hormones is responsible for:

- doing an initial assessment that includes health history, physical exam, and lab tests
- explaining what hormones do and the possible side effects/health risks
- confirming that you understand the risks and benefits of treatment and can make an informed decision about medical care
- explaining their criteria for determining that you are eligible and ready to start hormones
- coordinating referrals to specialists if needed

- providing ongoing medical monitoring, including regular physical and lab exams to monitor hormone effects and side effects

The health history, physical exam, and lab tests before hormones are done for two reasons: to check the areas of your body that are likely to change from hormones (so changes can be measured to see how effective the hormones are), and to check for physical conditions that might be made worse by hormones. If you have any health issues that are of concern, it is recommended that you work with your doctor/nurse to try to get them under control (through medication, diet, etc.) before you start hormone use, to avoid having to stop hormones later on.

The recommended physical assessment before hormones includes:

- Evaluation of your overall health:
 - history of your health and your family members' health
 - complete physical exam, including blood pressure, heart rate, temperature, breathing rate, and also prostate exam (MTF) or pelvic exam/Pap smear (FTM)
 - blood work
 - any other exams or tests needed to evaluate specific conditions or health concerns
- Measurements of characteristics that are likely to change with hormone use (to see how much they change after you start hormones):
 - MTF: breasts, hips, skin texture, overall muscle size
 - FTM: facial/body hair, voice, overall muscle size

If you find physical exams stressful, talk with your doctor/nurse about possible ways to reduce the trauma. For example, you could ask them to do the exam slowly or quickly (depending on what you prefer), and ask a partner or friend to be in the room with you for support while the exam is being done.

Preparing for assessment

Finding out what to bring

To make sure that you have everything you need, it's helpful to call your assessor before your first appointment and find out if there is anything you need to bring.

If the person who is doing the assessment is a health professional who you have never seen before, you should bring identification:

- your BC CareCard
- picture ID (passport, driver's license, BC ID, etc.)
- if you have gone through legal name change, bring your Name Change Certificate

If you have completed any counselling about gender issues, bring a letter from the counsellor explaining the number of sessions, the topics covered, and any recommendations they have made re: hormones. If you have already completed some RLE, the booklet *Real Life Experience* (available from the Transgender Health Program; see last page) discusses letters and other documents you can bring to assessment to prove that you have done it. You can always bring these later if you want to wait until your first appointment to find out what the assessor requires.

Emotional preparation

Trans people have varying feelings about hormone assessment. Some people feel that it's an important step in the process and that it's necessary to protect people who may not really understand what they're getting into. Other people feel it's patronizing, discriminatory, and offensive to have to get approval to make a medical decision.

Whatever your feelings about the validity of hormone assessment, the bottom line is that most people (trans or not) don't like having to go for a physical or mental health assessment. People often worry about being judged negatively, are anxious about being physically examined or being asked personal and private questions, or are angry about someone else having the power to approve or deny treatment. Some people have had negative experiences with doctors, mental health professionals, or other people in positions of authority, and are defensive or nervous that they will be treated badly again.

There are various ways people cope with the stress of assessment. Below are some strategies that we have found useful in our own lives or that have been suggested by trans people we have worked with.

- Know what to expect.* Hopefully this booklet has helped reduce fear of the unknown. Talking with the assessor(s) beforehand (or asking your doctor, counsellor, or an advocate to do this) can help you find

out more about how many sessions are recommended, how far apart the appointments will be, what kinds of topics you'll be asked about, etc.

- b) *Know the eligibility and readiness criteria.* Find out what standards the assessor(s) will be using to evaluate you. Are they using the *HBIGDA Standards of Care*? MSP criteria? Take time before the appointment to think about whether you honestly meet these criteria. If so, how can you show that to the assessor(s)? If there are areas where you think you are shaky, are there things you can do to try to get more solid? Being honest about the areas you think you fit, and the areas you don't, will help you develop a plan which will move you toward your goals.
- c) *Know what you want to say, and how you want to say it.* You shouldn't be working from a script (assessors will be suspicious of anything that is too tightly prepared), but if there are points you want to get across, organize your thoughts beforehand so you can be clear in what you're saying and remember the details of what you want to convey. Some people sketch out an outline or notes; others practice with a friend, peer counsellor, or trusted health professional before the assessment. If there are topics that you find get you really angry or upset (e.g., questions about your sexuality or past abuse), ask a friend or counsellor to role-play asking questions about this topic so you get used to calmly answering questions that make you uncomfortable.
- d) *Use stress reduction techniques.* Some people find it helpful to use deep breathing, meditation, muscle relaxation, visualization, or other stress reduction techniques before and after assessment appointments.
- e) *Get support after the appointment.* If you don't have a friend, partner, or trans peer who can meet you after the appointment, you can set up a phone or in-person appointment for peer or professional counselling.
- f) *Know your rights.* There is a big power differential between you and SRS assessors. However, you still have rights, choices, and some power to negotiate. You can ask to take a break, slow down the pacing if you feel questions are being asked too quickly, or stop the assessment and try again another time.

If you feel that a health care provider is behaving inappropriately, you can:

- let the health provider know you are upset and the reasons why (tell them, write a letter, get an advocate to talk with them, etc.)
- talk with their supervisor/manager about your concerns
- file a complaint with the health provider's employer
- file a complaint with the health provider's professional association
- file a human rights complaint if you feel you were harassed or discriminated against
- file a report with the police if you feel the health provider's actions were criminal (e.g., sexual assault)

The Transgender Health Program (see last page) can help with information and referral to trans-experienced advocates.

Step 4: Deciding on a Care Plan

The doctor/nurse who you have asked for hormones will consider the results of the physical exam, lab tests, and mental health evaluation and come up with a tentative care plan. There are four possibilities:

1. *There are no health concerns, and you are ready to start hormones.*

Your health care provider will talk with you about hormone options, the changes that will likely happen from hormones, risks, and possible side effects. You will then be asked to sign a consent form to show that you understand what is involved in trans hormone therapy and can make an informed decision.

Your care plan will involve regular physical exams and blood tests to make sure the hormones are working properly, and to check for side effects.

2. There are health issues that need attention, but are not likely to be made worse by taking hormones.

In this situation most health care providers will go ahead with hormone prescription as long as there is a care plan to address the other health issues that need attention. Your health care provider will talk with you about hormone options, the changes that will likely happen from hormones, risks, and possible side effects. You will then be asked to sign a consent form to show that you understand what is involved in trans hormone therapy and can make an informed decision.

Your care plan will involve regular physical exams and blood tests to make sure the hormones are working properly and to check for side effects, and care for the other issues of concern. This may include referral to other physical or mental health specialists.

3. There are health issues that might be made worse by taking hormones.

If you have a condition that might be made worse by hormones (e.g., heart disease, liver disease, schizophrenia), your health care provider will work with you to try to get this health problem under control before starting you on hormones. If your health provider feels the risks of hormones are too high, they will recommend that you not take them. If your health is stable and your health care provider feels the risks are manageable, they will go ahead with a cautious approach – most likely starting you on a low dose, with frequent monitoring to check the impact on your overall health.

The first step in your care plan is to stabilize your health. This may include referral to other physical or mental health specialists. After starting hormones your care plan will involve frequent physical exams and blood tests to make sure the hormones are working properly and to check for side effects, and to check on the other issues of concern.

4. Hormone treatment is not an option for you.

In a small number of cases the health care provider may feel that you will never be able to take hormones due to extreme physical risks (e.g., repeated heart attacks) or an injury or disability that has made it impossible for you to provide informed consent. In these cases your health care provider should offer you support and referral to another health professional if you want a second opinion.

The focus of your care plan is helping you come to terms with the likelihood that you will never be able to take hormones. This may include support for you to explore other ways of living as a trans person, and peer support from other trans people in a similar situation. It is your right to have the reasons explained to you and to get a second opinion.

What if I disagree with the care plan?

If you disagree with the care plan, you can:

- ask the doctor/nurse to explain the reasons for their decision, or make another appointment with you to discuss their reasons for not recommending hormones
- ask the doctor/nurse what they feel you would need to do to be reconsidered in the future
- ask for a referral to another health professional, to get another opinion

What to Expect After You Start Hormones

You will need to see your doctor/nurse on a regular basis to check if the hormones are working as they should be, and to monitor health problems that can be caused by or made worse by hormones. The frequency of exams and tests depend on your health and the type of hormones you are taking, but generally it is recommended that at minimum you have appointments:

- every month when you're first starting hormones or after your dose is changed
- every 3–4 months after that, for the rest of the first year

- every six months in year 2 of being on hormones, and for as long as you're taking them

For more information about the kind of tests that need to be done while you are taking hormones, see the booklets *Hormones: A Guide for MTFs* and *Hormones: A Guide for FTMs*, available from the Transgender Health Program.

Questions? Contact the Transgender Health Program:

Office: #301-1290 Hornby Street, Vancouver, BC V6Z 1W2
 Phone/TTY/TDD: 604-734-1514 or 1-866-999-1514 (toll-free in BC)
 Email: transhealth@vch.ca
 Web: <http://www.vch.ca/transhealth>

The Transgender Health Program is an anonymous and confidential free service for anyone in BC who has a trans health question or concern.

Services for trans people and loved ones include:

- information about trans advocacy, medical care, hormones, speech change, and surgery
- help finding health/social services, and help navigating the trans health system
- non-judgmental peer counselling and support
- information about trans community organizations and peer support groups



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For more copies, email the Transgender Health Program at trans.health@vch.ca or call/TTY 1-866-999-1514 (toll-free in BC) and quote Catalogue No. GA.100.H782.