

Name:

Male New Patient Packet

Today's Date:

	(Last)	(First)		,				
Da	ate of Birth:	Age:		Weight:				
Нс	ome Address:		City:		State:	Zip:		
Ph	none: E-Mail	Address:		May we co	ntact you via E-I	Mail? Y	ES NO)
ln	Case of Emergency Contact:	Re	elationship:		Phone:			
Pr	imary Care Physician's Name:		Phone:					
Ma	arital Status (check one): Marr	ied Divorced	Widow	Living with Partner	Single			
yo yo	the event we cannot contact you bour spouse or significant other about our spouse or significant other about pouse's Name:	t your treatment. By giv	ing the info	rmation below you are				
So	c <mark>ial:</mark>		Habits	•				
	I am sexually active.		ı	smoke cigarettes or ciga	ars	р	er day.	
	I want to be sexually active.			I drink alcoholic beverages		рє	er week.	
	I have completed my family.		ı	I drink more than 10 alcoholic beverages a week.				
	M I have used steroids in the purposes	past for athletic		use caffeine	a day	· <u> </u>		
Μe	edical History:							
	Any known drug allergies:							
Have you ever had any issues with anesthesia?								
If yes, please explain:								
Medications Currently Taking:								
Current Hormone Replacement Therapy:		erapy:						
Past Hormone Replacement Therapy:		py:						
	Nutritional/Vitamin Supplements:							
	Surgeries, list all and when:							
	Other Pertinent Information:							

Medical Illnesses:

Heart Disease	Heart bypass.	
High blood pressure	Hypertension.	
High cholesterol	Testicular or prostate cancer	
Blood clot and/or a pulmonary emboli	Prostate Enlargement	
Any form of Hepatitis or HIV	Hemochromatosis	
Stroke and/or heart attack	Trouble passing urine or take Flomax or Avodart.	
Chronic liver disease (hepatitis, fatty liver, cirrhosis)	Thyroid disease.	
Diabetes	Depression/anxiety.	
Arthritis	Cancer (type): Year:	
Psychiatric disorder		

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

I acknowledge that I have received a copy and understand the instructions on this form.

Signature Print Name Date

BHRT Checklist For Men

Symptom (please check mark)	Never	Mild	Moderate	Severe
Decline in general well being				
Joint pain/muscle ache				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Irritability				
Nervousness				
Anxiety				
Depressive mood				
Exhaustion/lacking vitality				
Declining Mental Ability/Focus/Concentration				
Feeling you have passed your peak				
Feeling burned out/hit rock bottom				
Decreased Muscle strength				
Weight gain/Belly Fat/Inability to Lose Weight				
Breast Development				
Shrinking Testicles				
Rapid Hair Loss				
Decreased Libido				
Decreased ability to perform sexually				
Decreased morning erections				
Infrequent or Absent Ejaculations				
No result from E.D. Medications				

Family History

	NO	YES
Heart Disease		
Diabetes		
Osteoporosis		
Alzheimer's Disease		

Post-Insertion Instructions for Men

- Your insertion site has been covered with two layers of bandages. The inner layer is a steri-strip and the outer layer is a waterproof dressing.
- We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each timeover the next 4 to 5 hours. You can continue for swelling if needed. Be sure to place something between the ice pack and your bandages/skin. Do not place ice packs directly on bare skin.
- No tub baths, hot tubs, or swimming pools for **7 days**. You may shower, but do not scrub the site until theincision is well heal ed (about 7 days).
- No major exercises for the incision area for 7 days. This includes running, elliptical, squats, lunges, etc. You can do moderate upper body work and walking.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may takeBenadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness!
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few daysup to 2 to 3 weeks.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding (not oozing) not relieved with pressure, as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.

Reminders:

- Remember to go for your post-insertion blood work 4 weeks after the insertion.
- Most men will need re-insertions of their pellets **5-6 months** after their initial insertion.
- Please call to make an appointment for reinsertion as soon as symptoms that were relieved from the pelletsstart to return. The charge for the se cond visit will be only for the insertion, not a consultation.

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Signature	Print Name	Date
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Testosterone Pellet Insertion Consent Form

Bio-identical testosterone pellets are hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made in your testicles prior to "andropause." Bio-identical hormones have the same effects on your body as your own testosterone did when you were younger. Bio-identical hormone pellets are plant derived and bio-identical hormone replacement using pellets has been used in Europe, the U.S. and Canada since the 1930's. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During andropause, the risk of not receiving adequate hormone therapy can outweigh the risks of replacing testosterone.

Risks of not receiving testosterone therapy after andropause include but are not limited to:

Arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased overall inflammatory processes, dementia and Alzheimer's disease, and many other symptoms of aging.

CONSENT FOR TREATMENT: I consent to the insertion of testosterone pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. **Surgical risks are the same as for any minor medical procedure.**

Side effects may include:

Bleeding, bruising, swelling, infection, pain, reaction to local anesthetic and/or preservatives, lack of effect (typically from lack of absorption), thinning hair, male pattern baldness, increased growth of prostate and prostate tumors, extrusion of pellets, hyper sexuality (overactive libido), ten to fifteen percent shrinkage in testicle size and significant reduction in sperm production.

There is some risk, even with natural testosterone therapy, of enhancing an existing current prostate cancer to grow more rapidly. For this reason, a prostate specific antigen blood test is to be done before starting testosterone pellet therapy and will be conducted each year thereafter. If there is any question about possible prostate cancer, a follow-up with an ultrasound of the prostate gland may be required as well as a referral to a qualified specialist. While urinary symptoms typically improve with testosterone, rarely they may worsen, or worsen before improving. Testosterone therapy may increase one's hemoglobin and hematocrit, or thicken one's blood. This problem can be diagnosed with a blood test. Thus, a complete blood count (Hemoglobin and Hematocrit.) should be done at least annually. This condition can be reversed simply by donating blood periodically.

BENEFITS OF TESTOSTERONE PELLETS INCLUDE:

Increased libido, energy, and sense of well-being; increased muscle mass and strength and stamina; decreased frequency and severity of migraine headaches; decrease in mood swings, anxiety and irritability (secondary to hormonal decline); decreased weight (increase in lean body mass); decrease in risk or severity of diabetes; decreased risk of Alzheimer's and dementia; and decreased risk of heart disease in men less than 75 years old with no pre-existing history of heart disease.

On January 31, 2014, the FDA issued a Drug Safety Communication indicating that the FDA is investigating risk of heart attack and death in some men taking FDA approved testosterone products. The risks were found in men over the age of 65 years old with pre-existing heart disease and men over the age of 75 years old with or without pre-existing heart disease. These studies were performed with testosterone patches, testosterone creams and synthetic testosterone injections and did not include subcutaneous hormone pellet therapy.

I agree to immediately report to my practitioner's office any adverse reactions or problems that may be related to my therapy. Potential complications have been explained to me and I agree that I have received information regarding those risks, potential complications and benefits, and the nature of bio-identical and other treatments and have had all my questions answered. Furthermore, I have not been promised or guaranteed any specific benefits from the administration of bio-identical therapy. I certify this form has been fully explained to me, and I have read it or have had it read to me and I understand its contents. I accept these risks and benefits and I consent to the insertion of hormone pellets under my skin. This consent is ongoing for this and all future insertions.

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

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Signature	Print Name	Date
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Hormone Replacement Fee Acknowledgment

Although more insurance companies are reimbursing patients for the Medical Hormone Replacement Therapy, there is no guarantee. You will be responsible for payment in full at the time of your procedure. We will give you paperwork to send to your insurance company to file for reimbursement upon request.

New Patient Consult Fee	\$100.00
Female Hormone Pellet Insertion Fee	\$350.00
Male Hormone Pellet Insertion Fee	\$750.00

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WHAT MIGHT OCCUR AFTER A PELLET INSERTION

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

- **FLUID RETENTION**: Testosterone stimulates the muscle to grow and retain water, which may result in aweight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, andespecially during hot, humid weather conditions.
- **SWELLING OF THE HANDS & FEET**: This is common in hot and humid weather. It may be treated bydrinking lots of water, reducing your salt intake, taking cider vinegar caps ules daily, (found at most health and foodstores) or by taking a mild diuretic, which the office can prescribe.
- MOOD SWINGS/IRRITABILITY: These may occur if you were quite deficient in hormones. They willdisappear when enough hormones are in your system. 5HTP can be helpful for this temporary symptom and can be purchased at many health food stores.
- **FACIAL BREAKOUT**: Some pimples may arise if the body is very deficient in testosterone. This lasts a shortper iod of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do nothelp, please call the office for suggestions and possibly prescriptions.
- HAIR LOSS: Is rare and usually occurs in patients who convert testosterone to DHT. Dosage adjustmentgenerally reduces or eliminates the problem. Prescription medications may be necessary in rare cases.
- HAIR GROWTH: Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lowerabdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosageadjustment generally reduces or eliminates the problem.

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