



LifeTime Health Center
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Men's Hormone Questionnaire

Name _____ Age _____ Today's Date _____

Please List any Medications or supplements you are taking:

Please list you main symptoms and concerns:

What are your goals for therapy?

1. _____
2. _____
3. _____

Symptom	Absent	Mild	Moderate	Severe
Burned out feelings				
Decreased mental sharpness				
Nervous				
Decreased stamina				
Decreased flexibility				
Elevated triglycerides or cholesterol				

Headaches				
Decreased urine flow				
Bone loss				
Swollen or puffy eyes				
Brittle or breaking nails				
Rapid heartbeat				
Low blood sugar				
Oily skin or hair				
Apathy				
Depression				
Anxious				
Decreased muscle size				
Neck or back pain				
Sugar craving				
Decreased erections				
Increased urinary urge				
Stress				
Slow pulse				
Thinning skin				
High blood pressure				
Acne				
Difficulty sleeping				
Mental fatigue				
Morning Fatigue				
Sore Muscles				
Weight gain				
Heart palpitations				

Cold body temperature				
Decreased libido				
Rapid aging				
Low blood pressure				
Increased forgetfulness				
Irritable				
Evening fatigue				
Joint pain				
Prostate Problems				
Dry or brittle hair				
Constipation				

Please describe any other symptoms not listed.

Have you been diagnosed with Prostate or Testicular cancer? _____

Do you initiate intercourse? _____

Is intercourse satisfying? _____

Do you achieve orgasm? _____

Do you suffer from premature ejaculation? _____

How often do you have intercourse? _____

Is your sex drive the same as it was five years ago? _____

Please list any other sexual dysfunctions or problems. _____

Have you gained or lost weight in the last two years? Describe

Have you fathered any children? How many? _____

Sexual Orientation? Heterosexual___ Homosexual___ Bisexual___

Have you ever used hormones or steroids either prescribed or nonprescribed? _____

Are there any other symptoms or problems you wish to discuss or are the other issues I should be aware of?



CONSENT FOR BIO-IDENTICAL HORMONE REPLACEMENT THERAPY

Background:

You have been diagnosed with or have an increased risk of having a hormone deficiency (ies) and your Provider has recommended treatment with bio-identical hormone replacement therapy (HRT). Some of the bio-identical hormone preparations that may be prescribed for you are regulated by pharmacy compounding laws, which follow the Pharmacy Compounding Accreditation Board (PCAB) guidelines. The use of this therapy as it relates to your diagnosis, while common in alternative practices, may be debated in the traditional medical community.

You have the right, as a patient, to be informed about your condition and the recommended conventional, integrative, complementary, alternative, non-conventional or non-standard procedures to be used so you make an informed decision whether or not to undergo the procedures after knowing the risks involved. This disclosure is not meant to scare or alarm you, but to simply inform you so you have the information needed to give or withhold your consent to the procedure or treatment.

NOTICE: Refusal to consent to the innovative, integrative, complementary or non-standard procedure shall not affect your right to future care or treatment.

Therapeutic Basis:

Many individuals have inadequate hormone levels despite technically normal blood tests. Some individuals suffering symptoms related to menopause or andropause or inability to lose weight may also benefit from these therapies. Bio-identical HRT can be used to augment hormone levels in a number of conditions where diminished hormone levels are evident.

Estrogen therapy can maintain vaginal and urethral function and slow the progression of osteoporosis. It may also improve sleep, decrease hot flashes and night sweats, decrease pain and perhaps cognitive function, and improve libido and overall well-being. This therapy may contain one or any combinations of the following medications: estriol, estradiol, and/or estrone.

Progesterone hormone replacement therapy can offer protection from endometrial cancers, treatment of irregular menstruation, and other low progesterone conditions. It also can improve sleep quality and decrease anxiety. For males, low dose progesterone therapy in conjunction with testosterone therapy can maximize the hormone ratios, reducing unwanted side effects.

Testosterone replacement therapy is used to treat symptoms or lab tests suggesting suboptimal hormone levels as determined by your Provider. Low testosterone is associated with elevated cholesterols, high blood pressure, diabetes, and prostate problems. Other low testosterone symptoms include excessive fatigue, abdominal weight gain, irritability and decreased sexual drive and function.

Objectives:

Bio-identical HRT is implemented to optimize hormone levels in the blood, helping to reduce symptoms associated with low levels of these hormones.

Potential Risks:

Safety of any of these hormones during pregnancy cannot be guaranteed. Notify your Provider if you are pregnant, suspect that you are pregnant, or are planning to become pregnant during this therapy.

Estrogen Therapy: Bio-identical estrogens are available in various forms including oral capsules, troches, patches, pellets and topical creams. Adverse reactions may include bloating, breakthrough bleeding, breast swelling and tenderness, fluid retention, weight gain, liver cysts, death (e.g.-from blood clots or cancer) and mood swings. High potency conjugated estrogens (e.g. Premarin) have been associated with an increased risk of breast cancer and blood clots (the latter especially in smokers). Estriol may carry a lower risk of breast cancer and may even protect against breast cancer. Nonetheless, the whole area of estrogen replacement is undergoing further evaluation. Do not take estrogen if you have breast cancer.

Progesterone Therapy: Bio-identical progesterone is available in various forms including oral capsules, troches, vaginal or rectal suppositories, and topical creams or gels. Progesterone therapy may be sedating, so it is recommended to coordinate dosing with sleep cycle. Adverse reactions may include bloating, breakthrough bleeding, missed menstrual cycles, breast swelling and tenderness, fluid retention, weight gain, sedation, and depression.

Testosterone Therapy: Bio-identical testosterone therapy is available in various forms including sublingual drops, troches, topical creams, pellets and injection. Side effects include acne, chronic priapism (persistent, abnormal erection of the penis), change in libido, angina or heart attacks, hirsutism (facial hair growth) and scalp hair loss, clitoral engorgement, voice changes, or water retention. Because it may improve insulin resistance in males, diabetics who use insulin should monitor glucose levels closely, as less insulin may be needed. Check with your physician before adjusting your dose of insulin. If using a formulation of testosterone that is applied to the skin, a local irritation may occur.

Although the use of bio-identical hormone replacement therapy has been shown in many studies to be safer than synthetic hormone replacement therapy, the risk of cancer-related side effects is still possible. In fact, there are physicians who do not agree with the use of bio-identical hormones.

Statement of Patient:

I understand that along with the benefits of any medical treatment or therapies, there are both risks and potential complications to treatment, as well as not being treated. Those risks and potential complications have been explained to me. I have not been promised or guaranteed any specific benefit from the administration of these therapies and no warranty or guarantee has been made regarding the results of treatment. I agree to proceed with treatment and to comply with recommended dosages.

I agree to comply with requests for ongoing testing to assure proper monitoring of my treatments that may include laboratory evaluation of all aforementioned hormone levels or other diagnostic testing by a LTHC Provider, my primary care physician, or other specialist. I agree to see my primary care physician, gynecologist, or other practitioner for regular monitoring and for preventative measures that may include but are not limited to complete physicals, rectal examinations and/or colonoscopy, EKG, mammograms, pelvic/breast exams, pap smears, prostate exams, PSA levels, etc. at least on a yearly basis.

I agree to immediately report to my Provider any adverse reaction or problem that might be related to my therapy. Risks and 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 hormone treatments, and have had all my questions answered. Furthermore, I have not been promised or guaranteed any specific benefit from the administration of bio-identical hormone therapy.

I certify this form has been fully explained to me, that I have read it or have had it read to me and that I understand its contents. I agree not to undergo any treatments unless I fully understand the treatment and have discussed possible risks and benefits.

I agree to the therapy described above. I have been educated on the benefits, risks, and possible adverse reactions associated with bio-identical hormone replacement therapy.

Signature of Patient _____
Date _____

Name (PRINT) _____

Statement of Provider:

I have explained the risks and benefits of the therapy as detailed above. The patient has verbalized to me his/her understanding of those risks and benefits and gives verbal consent to initiate this therapy.

I have explained the therapy, its intended benefits and risks, and possible reactions to the patient. I have confirmed the patient has no further questions and wishes to initiate bio-identical hormone replacement therapy.

Name of PROVIDER Explaining Procedures: _____

PROVIDER
Signature _____



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Informed Consent for Pellet Insertion

This form is to document that you understand the information provided regarding hormone restoration therapy using bioidentical hormones in pellet form, which may consist of Estradiol, testosterone or both.

The pellets are placed under the skin in an effort to provide a more steady delivery of the supplemental hormones into the bloodstream. Estradiol pellets may eliminate mood swings, anxiety and irritability; while testosterone pellets may increase energy levels, libido (sexual desire/response) and the sense of well being. Testosterone may decrease the frequency and severity of headaches and improve fibromyalgia type muscle and joint pain. To maintain the benefits, the procedure needs to be performed every 3-4 months, and this frequency may decrease over time.

Other hormone delivery systems are available including pills, injections, creams/gels, and patches. My provider has discussed the other options and I have elected pellet therapy. If I have a uterus, I understand that I will need to include progesterone in my hormone regimen, if I am receiving Estradiol by pellet.

Potential temporary side effects from the pellet insertion procedure can include pain, bruising, bleeding, extrusion (pellets coming out) and infection. This can be minimized by using an ice pack over the area the first 4-6 hours and leaving the sterile dressing in place 24-48 hours. You may shower, but do not soak in a pool or tub. Pat the dressing dry. Avoid strenuous lower body exercise for 48 hours after insertion. A small scar will remain at the site of insertion.

Other potential temporary side effects related to the hormonal shifts in general may include: mild fluid retention, breast tenderness, mood changes, or complexion changes. Please notify the clinic if symptoms are concerning or last more than 2 weeks.

There are potential concerns with testosterone therapy. There is the possibility of causing an *existing* prostate cancer to grow. For this reason, a PSA (prostate specific antigen) and a DRE (digital rectal exam) are to be done before starting therapy and annually thereafter. If there is any question of a prostate cancer, I agree to consult with a urologist. Another potential concern is that testosterone therapy may increase the red blood count. Therefore a CBC (complete blood count) is required at least annually.

Another concern in younger men is that testosterone therapy may decrease the development of sperm and the sperm count may be reduced while the patient is on testosterone therapy. This appears to be a reversible process. If you are concerned about future reproduction, you may wish to consider having samples of semen preserved by freezing.

Depending upon the individual, beneficial effects from the pellets can be seen as soon as 48-72 hours, or up to 3-4 weeks. Additional lab testing may be required 6-8 weeks after the initial pellet insertion.

I understand hormone therapy is not a substitute for primary care. I agree to follow the recommended guidelines and have a complete health evaluation yearly, including breast exam, complete physical, mammogram, Pap smear (if indicated), DRE and appropriate lab work. I agree to hold harmless LifeTime Health Center and its owner. By signing below, I acknowledge that I have received the above information and have been informed of the benefits and risks of treatment, alternative treatment options and the risks of not treating my symptoms. I also acknowledge that I have been given ample opportunity to ask questions and that these have been answered to my satisfaction. I hereby consent to the procedure.

Patient Signature _____ Date _____