



## Bio-identical Hormone Replacement Treatment Consent for Men

Natural or Bio-identical Hormone Replacement Therapy is the therapeutic use of hormones that are identical to the hormones made naturally by the body. There are many different type but the ones used predominantly in our clinic include: testosterone, progesterone, estrone (E1), estradiol (E2), estriol (E3), DHEA, pregnenolone, cortisol, human growth hormone, thyroid and melatonin. These hormones are typically used to treat symptoms of hormone deficiency or imbalance; including, but not limited to, treatment of perimenopause, menopause, andropause (male menopause), somatopause (documented adult growth hormone deficiency), thyroid dysfunction and adrenal fatigue.

### Evaluation and Follow-up

A complete physical exam, including a prostate exam; a thorough medical history, including family history and symptom questionnaires; and baseline lab work, including hormone and PSA levels; are obtained at your initial evaluation. You may then be given an individualized prescription of BHRT based on your symptoms and test results. Symptom resolution is not immediate. It can take anywhere from 3-9 months until patients feel like they have the perfect fit. There are many different preparations of BHRT (topical creams, sublingual troches, pills, injections and sublingual drops). Some men respond to one form better than another. Men on testosterone therapy are required to have their testosterone levels checked at least every 3 months for the first year and then at least twice per year thereafter. Follow up examination, including prostate exam and PSA level, and medical History are also typically performed every 6 months. Patient's bodies and lifestyles change and so do their hormonal needs. Hormones are usually measured via saliva and or urine samples. Some situations may require a blood draw.

### Risks and Potential Complications

Bioidentical hormones can be used and metabolized by our bodies exactly as our natural hormones are. The metabolized products of the bioidentical hormones can be measured and monitored and adjusted to minimize the health risks while maximizing the health benefits of hormone replacement. Many European studies suggest that bioidentical hormones are safer than synthetic Hormones; however, we do not yet have any large scale, double blinded, placebo controlled trials on bioidentical hormone therapy to fully evaluate effectiveness and safety. If you choose to receive bioidentical hormone replacement therapy, you should be informed of the potential risks and benefits of choosing to use hormones versus choosing not to use hormones.

Relative contraindications of hormone treatment include any active cancer or current cancer treating therapy; a personal history of prostate or testicular cancer; or a strong family history of prostate or testicular cancer. Collaboration with an oncologist may be needed in these situations. Men with known heart disease need routine evaluation and annual labs including cholesterol levels and EKG. They will need to be followed up by their primary care physician or appropriate specialist for these conditions.

You are required to have routine prostate exams, PSA measurement, and/or prostate ultrasound (if recommended). It is required that you supply us with a copy of these results for our records. Hormones are generally not prescribed or renewed unless these records are up to date. We also require that you have a current primary care physician to manage your other health needs.

**Consent:** I understand and agree to the above statements. Certify that I have had ample time to ask questions; and that all my questions, especially those regarding the potential risks and benefits of hormone therapy, have been answered to my satisfaction. I understand that clinical results may vary, and I acknowledge that no guarantee or assurances of result has been given to me.

I understand that I have the option to decline treatment, seek alternative treatment, or seek the same treatment from a different practitioner or a different health care facility. I (Patient) am consenting for Bio-identical hormone treatment at the **RejuveNATION Medical Concierge by American Vitality Network**.

I understand that the treatment for bio-identical hormones at the is an out of network service. Payment will be due at the time of service.

By my signature below, I certify that I have read and fully understand the contents of this permission form, and thereby grant permission for treatment.

Patient: \_\_\_\_\_

Clinic: \_\_\_\_\_