

Female Questionnaire & History

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Weight: _____ Have you gained or lost weight? _____

Any changes in your health since last visit? _____

Any change in address? _____

In Case of Emergency Contact: _____ Phone _____ Relationship: _____

Medical History

Any known drug allergies: _____

Have you ever had any issues with local anesthesia? () Yes () No

If yes, please explain: _____

Medications Currently Taking: _____

Nutritional/Vitamin Supplements: _____

Last GYN exam _____

Last Mammogram _____

Last Bone Density _____

Are you Menopausal? _____

Birth Control _____

Hysterectomy () Yes () No

History of Seizure:

() Yes () No

Past Medical History:

() Breast cancer. () In family?

() Uterine cancer. (

) Ovarian cancer.

Medical Illnesses:

- Polycystic Ovary Syndrome (PCOS)
- High blood pressure.
- Heart bypass.
- Heart disease.
- Stroke and/or heart attack.
- Blood clot and/or a pulmonary emboli.
- Arrhythmia.
- Any form of Hepatitis or HIV.
- Lupus or other auto immune disease.
- Fibromyalgia.
- Trouble passing urine or take Flomax or Avodart.
- Chronic liver disease (hepatitis, fatty liver, cirrhosis).
- Diabetes.
- Thyroid
- Arthritis.
- Psychiatric
- Depression
- Cancer (type): _____ Year: _____



Female Testosterone and/or Estradiol Pellet Insertion Consent Form

Name: _____
(Last) (First) (Middle)

Today's Date: _____

Bio-identical hormone pellets are hormones, biologically identical to the hormones you make in your own body prior to menopause. Estrogen and testosterone were made in your ovaries and adrenal gland prior to menopause. Bio-identical hormones have the same effects on your body as your own estrogen and testosterone did when you were younger, without the monthly fluctuations (ups and downs) of menstrual cycles.

Bio-identical hormone pellets are plant derived and are FDA monitored, but not approved for female hormonal replacement. The pellet method of hormone replacement has been used in Europe and Canada for many years and by select OB/GYNs in the United States. You will have similar risks as you had prior to menopause, from the effects of estrogen and androgens, given as pellets.

Patients who are pre-menopausal are advised to continue reliable birth control while participating in pellet hormone replacement therapy. Testosterone is category X (will cause birth defects) and cannot be given to pregnant women.

My birth control method is: (please circle)

Abstinence Birth control pill Hysterectomy IUD Menopause Tubal ligation Vasectomy Other

CONSENT FOR TREATMENT: I consent to the insertion of testosterone and/or estradiol pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. These side effects are similar to those related to traditional testosterone and/or estrogen replacement. **Surgical risks are the same as for any minor medical procedure and are included in the list of overall risks below:**

Bleeding, bruising, swelling, infection and pain; reaction to local anesthetic and/or preservatives; extrusion of pellets; hyper sexuality (overactive Libido); lack of effect (from lack of absorption); breast tenderness and swelling especially in the first three weeks (estrogen pellets only); increase in hair growth on the face, similar to pre-menopausal patterns; water retention (estrogen only); increased growth of estrogen dependent tumors (endometrial cancer, breast cancer); birth defects in babies exposed to testosterone during their gestation; growth of liver tumors, if already present; change in voice (which is reversible); clitoral enlargement (which is reversible). The estradiol dosage that I may receive can aggravate fibroids or polyps, if they exist, and can cause bleeding. 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 & Hematocrit) should be done at least annually. This condition can be reversed simply by donating blood periodically. I have reviewed and understand post-care instructions.

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; decreased weight; decrease in risk or severity of diabetes; decreased risk of heart disease; decreased risk of Alzheimer's and dementia.

I have read and understand the above. I have been encouraged and have had the opportunity to ask any questions regarding pellet therapy. All of my questions have been answered to my satisfaction. I further acknowledge that there may be risks of testosterone and or estrogen therapy that we do not yet know, at this time, and that the risks and benefits of this treatment have been explained to me and I have been informed that I may experience complications, including one or more of those listed above. 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 pellet 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.

Print Name

Signature

Today's Date

Hormone Replacement Fee Acknowledgment

Although more insurance companies are reimbursing patients for the BioTE® 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.

Female Hormone Pellet Insertion Fee \$350

***Typically every 4 months for women: you may also have general follow ups not included in this fee if we are treating other things.**

Additional Lab fees:

You will have labs drawn at any Quest Diagnostics or LabCorp. If you are not insured, over age 65, or have a high deductible, you will be given a cash-pay lab order. Cash prices have been negotiated to be reasonable and can be provided to you. If using insurance, it is your responsibility to find out if your insurance company will cover the cost, and which lab to go to. Labs will typically be repeated at 6 weeks and then yearly.

Print Name
Today's Date

Signature



POST-CARE and WHAT MIGHT OCCUR AFTER A PELLETT Female

Please continue to wear your bandage for 24 hours. Do not shower today and do not get into a tub, pool, hot tub, etc. for 3 days. Do not exercise for 3 days. Tomorrow, you can remove the outer tape and gauze. You will have skin-colored steri-strips under the gauze – please leave those on for the 3 days. You might see some evidence of bleeding under the gauze but it should not be significant. You can have some edema at the site and you will likely have soreness. If you have any symptoms other than these, please call the office.

What can happen later after 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 a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and especially during hot, humid weather conditions.
- **SWELLING of the HANDS & FEET:** This is common in hot and humid weather, It may be treated by drinking lots of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores) or by taking a mild diuretic, which the office can prescribe.
- Female **UTERINE SPOTTING/BLEEDING:** Typically with estrogen pellets versus testosterone only, this may occur in the first few months after an insertion, especially if your progesterone is not taken properly: i.e. missing doses, or not taking a high enough dose. Please notify the office if this occurs. Bleeding is not necessarily an indication of a significant uterine problem. More than likely, the uterus may be releasing tissue that needs to be eliminated. This tissue may have already been present in your uterus prior to getting pellets and is being released in response to the increase in hormones.
- **MOOD SWINGS/IRRITABILITY:** These may occur if you were quite deficient in hormones. They will disappear when enough hormones are in your system.
- **FACIAL BREAKOUT:** Some pimples may arise if the body is very deficient in testosterone. This lasts a short period of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do not help, please call the office for suggestions and possibly prescriptions.
- **HAIR LOSS:** Is rare, and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally 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 lower abdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosage adjustment generally reduces or eliminates the problem.
- **Extrusion:** Occasionally, pellets will work their way out through the skin. It will be sensitive at the site of extrusion. Please call the office if this occurs and we will schedule to replace the pellet at no charge
- If you have any other symptoms or problems with the insertion site, please call the office.