

# Patient Education, Informed Consent and Agreement for Undergoing Hormone Replacement Therapy

I \_\_\_\_\_ DOB \_\_\_\_\_  
have discussed the following program, that includes hormone replacement therapy (HRT), with a representative of Health Horizons, Inc:

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## TREATMENT ALTERNATIVES

I understand that one alternative is simply NOT to take hormone replacement therapy. Other treatment alternatives include: **herbal therapies, nutritional therapies, acupuncture or other prescription medications that may help with my symptoms.** The possible risks of alternative treatments will vary depending upon which alternative is chosen.

## RISKS OF HORMONE REPLACEMENT THERAPY

This authorization is given with the understanding that any treatment involves risks. I understand that it is not possible to anticipate all side effects. A study called the Women's Health Initiative (WHI), published in 2002, involving over 16,000 women between the ages of 50 and 70, determined some significant and substantial risks of taking the drug Prempro, but this program does NOT use the drug Prempro. No determination has been made in regard to natural bio-identical hormones used by this program.

- **Cardiovascular Disease:** The risk of heart attack in males has been shown to be significantly decreased in most studies. However, a few questionably designed studies claimed an increased risk for men over the age of 60.
- **Erythrocythemia (increased red blood cell concentration):** Part of the function of testosterone is to increase the number of red blood cells. If that number gets too high, then the person is more subject to heart attack and stroke due to thromboembolism (blood clots). This program follows that closely.

- **Prostate Cancer:** A great deal of controversy surrounds the issue of whether or not testosterone causes or accelerates prostate cancer. At this time, there are no definitive studies to prove either position. **The risks listed here represent the most common risks, but others may exist. Medical science is always learning new information; this could include the discovery of risks associated with taking natural bio-identical hormones even though no risks have been described and proven as of the present.**

Other potential risks to me include: \_\_\_\_\_

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## **BENEFITS OF HORMONE REPLACEMENT THERAPY**

My physician and I have discussed the potential benefits to me of undergoing hormone replacement therapy, including the potential relief of my symptoms. Additionally, multiple studies have found the following benefits to taking hormone replacement therapy:

- **Reduced Incidence of Hip and Spinal Fractures:** Women who take combination hormone therapy (HRT) have lower risks of hip and spinal fractures. Men also have a lower incidence of fractures, overall.
- **Reduced Incidence of Colorectal Cancer:** Women who take combination HRT have a lower risk.
- **Reduced Incidence of Diabetes (both sexes)**
- **Reduced Incidence of Heart Disease & Stroke (both sexes)**
- **Reduced Incidence of Depression (both sexes)**
- **Improved sexual performance and enjoyment**
- **Reduced Incidence of Hypertension**
- **Reduced Incidence of Elevated Cholesterol**

Other potential benefits to me include: \_\_\_\_\_

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Medical science is always learning new information; this could include the discovery of other significant benefits to me besides the ones listed above.

## **PROGRAM COSTS:**

### **THYROID ONLY PROGRAM**

This program is for those patients who only have an interest or need for proper thyroid balancing with supplementation, and/ or the addressing of adrenal function issues. The program includes: Initial consultation and examination, laboratory testing for assessing thyroid and adrenal function, analyzing laboratory findings, providing thyroid and / or adrenal hormones, necessary nutraceuticals, repeat consultation with doctor at six weeks with laboratory testing and dosage changes if indicated and repeat consultations with the doctor every six months thereafter. At each visit, repeat laboratory testing will be performed if indicated.

**Initial Program Deposit: \$395.00**

**Monthly Program Fee: \$165.00**

### **MEN'S PROGRAM**

This program is typically for men over the age of forty. As with many circumstances and situations, there are exceptions to that rule. There are numerous symptoms of andropause [male menopause) that ultimately affect all men. This program assesses a man's symptoms, levels of tested hormones, diet and exercise activities. It starts with a consultation and examination by our doctor at which time laboratory testing is undertaken. The testing includes: thyroid function, adrenal function, testosterone and estrogen levels, DHEA , liver function, PSA, chemical profile, lipid panel and complete blood count. Based upon laboratory results, a program of hormonal supplementation will be designed for you and everything will be delivered to your door. At six weeks, you will see the doctor again and undergo testing again to determine if any dosages will be changed. You will then be seen every six months at which time you will undergo repeat testing. The program includes the above noted doctor visits, all appropriate laboratory testing, supplemental hormones, laboratory interpretation, dietary counseling and exercise counseling.

**Initial program deposit: \$995.00**

**Monthly program fee: \$495.00**

## **WOMEN'S PROGRAM**

This program is for women who are undergoing hormonal changes or who have already undergone said changes (Menopause). There are many symptoms of menopause such as hot flashes, night sweats, moodiness, depression, anxiety, loss of sex drive, irregular or absent periods and/ or poor sleep. This program includes an initial consultation/examination by the doctor with laboratory testing for estrogen, testosterone, progesterone, DHEA and thyroid function. Other testing is undertaken, when indicated, such as a lipid panels, liver panels and a chemical profile assessment. The doctor will also discuss dietary concerns and exercise with you. After the initial visit, the doctor will analyze the testing results and design a hormonal replacement program based upon those results and your symptoms. You will be scheduled to return after six weeks at which time you will undergo repeat laboratory testing in order to provide information allowing changes to your program. You will then Visit the doctor every six months thereafter and undergo appropriate laboratory testing. You will receive all hormones and appropriate nutraceuticals at the address you provide.

**Initial Program Deposit: \$795.00**

**Monthly Program Fee: \$395.00**

Program fees are **NOT** covered under insurance plans. All program pricing is based upon **one year**. After the first year, you may renew the program for another year at the above noted monthly price unless there have been interim price changes. **Please note: It is extremely important to keep all scheduled appointments in order to perform timely and necessary laboratory testing.** We can offer you the maximum benefit only by ensuring that you are achieving optimal results based upon lab testing. If you have to reschedule your appointment, do so prior to the scheduled appointment date, but no more than two weeks before. If you do not keep or reschedule a set appointment, then no further prescriptions will be filled and you will be required to start the program again, from the beginning, at which time a repeat initial deposit will be due. There will be no exceptions to this requirement and you will continue to be responsible for the monthly fee noted in this agreement. **Please note** that no other prescriptions, outside this program, will be routinely written or

authorized. Any exceptions to this rule will be considered on an individual basis only. Prescription writing or pharmacy authorizations, outside this program, will incur a cost of \$35 for each occasion. Please discuss any of these issues with the doctor at the time of your visit.

If you have any questions as the risks and/or benefits of the proposed treatment program or any other questions concerning the proposed treatment program; including cost, ask the program coordinator now before signing this consent and agreement form.

**DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND THOROUGHLY UNDERSTAND IT!**

**PATIENT'S CONSENT:**

I have read and fully understand this consent form and agreement. I agree I should not sign this form if the treatment, the alternatives, the risks, the benefits and the costs have not been fully explained to my satisfaction. I further agree that I should not sign this form if I have unanswered questions or if I do not comprehend any of the terms, phrases or words used in this consent/ agreement. I hereby give my consent to the administration of all appropriate blood testing, hormone supplementation, vitamin/mineral supplements or other necessary medications. I also agree to pay the monthly or incidental charges of the program that have been identified previously. I understand that I am responsible for paying the monthly program charge noted previously, throughout the term of this one year contract and hereby give my authorization to charge my card each month for the duration of this program.

\_\_\_\_\_  
Print name of patient or responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date

**PHYSICIAN DECLARATION:** I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge. I believe the patient has been adequately informed and has consented to the terms of this agreement.

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Physician Date

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Witness Date