

Holistic Medicine of Belleair

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Consent for Hormone Replacement Therapy

I, the undersigned, authorize and give my informed consent to Holistic Medicine of Belleair for the administration of hormone replacement therapy.

Expected benefits of hormone replacement therapy

Expected benefits include control of symptoms associated with declining hormone levels.

Possible benefits of this therapy may help prevent, reduce or control physical diseases and dysfunction associated with declining hormone levels, through hormonal replacement.

I have been fully informed, and I am satisfied with my understanding, that this treatment may be viewed by the medical community as new, controversial, and unnecessary by the Food and Drug Administration.

I understand that my healthcare provider cannot guarantee any health benefits or that there will be no harm from the use of hormone replacement therapy.

Risks and side effects of hormone replacement therapy

Some of the following risks/adverse reactions are derived from the official Food and Drug administration "FDA" labeling requirements for these drugs, for therapeutic drug levels in the bloodstream. My healthcare provider may prescribe these medications and dosages designed to achieve physiological levels of hormones in my bloodstream or urine generally associated with those of a 20–35 years-old person and would be within the "normal" or "average" blood concentrations of that age group.

General

I understand that the general risks of this proposed therapy may include, but are not limited to, bruising, soreness or pain, and possible infection for hormone administered by injection.

I understand the risks, both known and unknown, to any medical procedure, treatment and therapy, and that it is not possible to guarantee or give assurance of a successful result. I acknowledge and accept these known and unknown general risks.

Testosterone

A prescription hormone, given by injection, transdermal cream or patch. Risk of testosterone replacement include but are not limited to: stimulation of benign and malignant

prostate tumor. It was discussed that testosterone replacement is contraindicated in patients with known prostate cancer.

--Side effects of testosterone replacement may include with are not limited to an increase in the red blood cells, determined by periodic measuring of your red blood. It is not a common occurrence and generally poses no health risks. It can be corrected by donating blood or with a therapeutic phlebotomy. Male pattern baldness, gynecomastia (breast enlargement), Diminished sperm production and a reduction in the size of the testicles may develop in men. Testosterone replacement may reduce insulin requirements in insulin-dependent diabetics. Older male patients may be a slightly increased risk for the development of prostate enlargement when replacing testosterone. The concurrent use of testosterone with corticosteroids may enhance edema (fluid retention) formation. Edema may be a complication with testosterone replacement in patients with pre-existing cardiac, renal, or hepatic disease. It is not known whether testosterone replacement therapy will increase the risk for prostate cancer. The most common immediate side effects, occurring in approximately no more than 6% of users, include but are not limited to acne, application site reaction, headache, hypertension, abnormal liver function tests, and non-cancerous prostate disorder. Other side effects may include greasy hair and skin, as strong body odor, and aggressiveness.

Estrogen

A prescription hormone, given by injection, vaginally/ labially/sublingually or by transdermal cream or patch.

Risks associated with estrogen replacement include but are not limited to heart attacks, blood clot formation, gall stones, increased risk of uterine cancer (if progesterone is not administered with concurrently) and fibroid tumors. The Women's Health Initiative Study demonstrated increased risk when estrogen replacement is initiated 10 or more years after menopause.

Estrogen replacement is not recommended in women with a history of the following conditions: breast or uterine cancer, phlebitis and blood clots, gallbladder disease, uterine fibroma, and liver disease.

Side effects may include, but are not limited to increase body fat, fluid retention, uterine bleeding, depression, headaches, impaired glucose tolerance, and aggravation of migraines.

Progesterone:

A prescription hormone, given orally, sublingually or by transdermal cream or vaginally. Progestins are not the same as natural progesterone. Progestins may cancel the protective effect of estradiol and promote constriction of the coronary arteries to a significant degree. Natural progesterone, on the other hand may protect the endometrium, preserve the beneficial effects of estrogen on the cardiovascular system and exert no negative affects on the blood vessels that supply your heart. Progestins may cause birth defects, damage to nerve cells, blood clots, and breast cancer.

Side effects for off progesterone replacement may include but are not limited to nipple or breast tenderness, drowsiness, fluid retention, slight dizziness, anxiety, difficulty sleeping, depression, acne, rashes, hot flashes, appetite increases and weight gain.

Thyroid hormone

A prescription hormone taken by mouth

Risks/adverse reactions include but are not limited to the palpitations and rapid heart rate, heart arrhythmia's, excitability, increased metabolism. Cardiac sensitivity is a contraindication to thyroid replacement therapy. Excess amounts may increase the risk for osteoporosis in some people and suppress the bodies own ability to manufacture its own thyroid hormone.

Side effects may include, but are not limited to sleep disturbances, fine trembling of fingers, excessive hunger and thirst, sweating, anxiety, and headaches.

Dehydroepiandrosterone – DHEA

DHEA is classified as a dietary supplement, given by mouth or by transdermal or vaginal cream.

Risks of DHEA replacement include but are not limited to worsening of certain cancers and should be avoided in men with existing prostate cancer and then women with existing breast cancer.

DHEA replacement is not generally recommended in adults under age 35.

Side effects of DHEA replacement are generally dose related and may include but are not limited to acne or oily skin, hair growth on the face, arms and legs, acne in women, and prostate enlargement in men, male pattern baldness, decreased HDL cholesterol, fatigue, mood changes, weight gain and insomnia.

Melatonin

A non-prescription hormone given by mouth or sublingually.

Side effects of melatonin replacement may include but are not limited to sleep disorders, bizarre dreams, headache, fatigue, stomach discomfort, and suppression of male sex drive.

Pregnenolone

A non-prescription hormone given by mouth.

Risks with pregnenolone replacement include but are not limited to exacerbation of various cancers and should be avoided in those with cancer of the prostate, breast or uterus. Very high doses may cause cardiac arrhythmias.

Side effects of pregnenolone replacement may include but are not limited to headaches, bloating, menstrual irregularities, heartburn, acne, agitation, sedation, rash and flushing.

Alternatives to Hormone Replacement Therapy

I understand the reasonable alternatives to hormone replacement therapy which include:

-Leaving the hormone levels as they are and doing nothing.

Risks may include but are not limited to experiencing symptoms of hormone deficiency, and increased risk for aging related diseases or dysfunction resulting from declining hormone levels. This alternative may result in the need to treat diseases or dysfunction associated with declining hormone levels as they appear clinically.

-Treating the symptoms of declining hormone levels as they develop with non-hormonal therapies. Risks may include but are not limited to increased risk for aging related diseases resulting from declining hormone levels.

My Compliance Obligation While Receiving Hormone Replacement Therapy.

-I agree to comply with the proposed treatment and therapy as prescribed, including the fact that I may be responsible for injecting, taking my mouth/under the tongue, applying to my skin/ labially/vaginally , or administering the hormones that may be prescribed to me, and consented periodic monitoring, when requested, which may include:

*Laboratory monitoring of blood or urine chemistry and hormone levels

*Physical examinations

*Regular screening evaluations

-I agree to notify you regarding all signs or symptoms or possible reactions to the therapy.

-I agree to comply with all other healthy lifestyle activities that have been individually recommended for me. I have completely disclosed my medical history, including prescription and nonprescription medications that I am currently taking or plan to take during my treatment, as well as many other over-the-counter medication's, recreational drugs or social substances, herbs, extracts, and other dietary supplements to you. I agree to comply with the recommendations regarding the continuation of these preparations.

In the future I will receive recommendations in advance from you before stopping any prescribe therapeutic regimens or taking additional preparation's that are not recommended by you.

- I certify that I am under the care of a physician for any and all other medical conditions if not addressed at your practice.

Research and the economic interest

-I understand that the prescribing practitioner is not engaged in any personal research and has no economic interest unrelated to my immediate care or treatment that may affect the physicians choice of treatment or medical judgment.

-I certify that I have been given the opportunity to ask any and all questions I have concerning the proposed treatment, and I received all requested information and all questions were answered.

- I fully understand that I have the right to not consent to hormone replacement therapy. I believe I have adequate knowledge upon which to base and informed consent.

-I do now attest to reading and fully understanding this form and the contents and clinical meanings of such and discussing these procedures with my healthcare provider and consent to this treatment, and hereby affix my signature to this authorization for this proposed long-term treatment.

-I have been given a copy of this consent form, and I understand fully any and all of the possible represented implications and meanings of its writing and expectations.

Patients name

Date

Patient signature

Date

Physician signature

Date
