

Female Patient Questionnaire & History

Name:			Today's Date:	
(Last)	(First)	(Middle)		
Date of Birth:	Age:	Weight:	Profession:	
Home Address:				
City:		State	: Zip:	
			Work:	
			ontact you via E-Mail?() YES () NO	
		·	elationship:	
Home Phone:	Cell Phone:		Work:	
Primary Care Physician's Name:			Phone:	
Address:				
Addres	S	City	State Zip	
Marital Status (check one): () Mar	ried () Divorced	() Widow ()	Living with Partner () Single	
-	se or significant other al	bout your treatmen	we would like to know if we have t. By giving the information below yo ut your treatment.	
Spouse's Name:	· ·	Relationshij	o:	
Home Phone:	Cell Phone:		Work:	
Insurance: Insured Name:		DOB:_	SS#	
Relation to Patient:	Employer:	Prim	nary Insurance:	
Claims Address:		City/Sta	te/Zip	
ID#		Group#		
) I have completed my family	



Any known drug/environmental <i>(i.e. tape/adhesi</i>	ive/allergies:
Have you ever had any issues with anesthesia? () \ If yes please explain:	
Medications Currently Taking:	
Current Hormone Replacement Therapy:	
Past Hormone Replacement Therapy:	
Nutritional/Vitamin Supplements:	
Surgeries, list all and when:	
Last menstrual cycle (estimate year if unknown):	
Other Pertinent Information:	
Preventative Medical Care:	Please mark any Medical Illnesses:
Date of last pap smear: Was it normal? () Yes () No Date of last Mammogram:	() High blood pressure() High cholesterol.() Uterine Fibroids() Polycystic Ovarian Syndrome (PCOS)
Was it normal? () Yes () No Do you have a history of: () Breast Cancer () Uterine Cancer () Ovarian Cancer () None of Above Have you had: () Hysterectomy with removal of ovaries. () Hysterectomy (removal of uterus only) () Oophorectomy (Removal of Ovaries only) Birth Control Method: () Menopause () Hysterectomy () Tubal Ligation () Birth Control Pills () Vasectomy	 () Stroke and/or heart attack. () Heart Bypass/Heart Disease () Blood clot and/or a pulmonary emboli () Arrhythmia/Irregular Heartbeat () Any form of Hepatitis or HIV () Lupus or other Autoimmune disease () Fibromyalgia () Chronic liver disease (hepatitis, fatty liver, cirrhosis) () Seizure Disorder/Epilepsy () Chronic Kidney Disease () Diabetes () Thyroid disease () Arthritis () Depression/anxiety () Cancer (type):



Female Testosterone and/or Estradiol Pellet Insertion Consent Form

Name:			Toda	y's Date:	
(Last)	(First)	(Middle)	7000	y 3 Dutc	
Pellets are bioidentical, structural ovaries and adrenal glands. your body as your own natural plant derived and are replacement has been used	Even prior to menopause, to irally occurring hormones d FDA monitored but not F	estosterone levels start to id when you were produc DA approved for female	decrease. Bio-identi ing them at adequa hormone replacer	ical hormones ha ate levels. Bio-ide ment. The pellet	ive the same effects on intical hormone pellets
Patients who are pre-menop Testosterone is category X (o					
My birth control method Abstinence Birth control		IUD Menopause	Tubal ligation	Vasectomy	Other
that I may experience any of medical procedure and a hyper sexuality (overactive Lacne; water retention; increato testosterone during their that I may receive can aggradand hematocrit. This elevation can be reversed simply by desirable that I may receive can be reversed simply by desirable that I may receive can be reversed simply by desirable that I may receive can be reversed simply by desirable that I may receive can be reversed simply by desirable that I may receive can be reversed simply by desirable that I may receive can be reversed simply by desirable that I may experience any or medical procedure and a second control of the reverse of	of the complications to this are included in the list of ibido); lack of effect (from la ased growth of estrogen de gestation; change in voice vate fibroids or polyps, if the on can be seen with a blood	s procedure as described f overall risks: Bleeding, ick of absorption); breast to pendent tumors (endome (which is reversible); clito y exist, and can cause blee	below. Surgical ri bruising, swelling, enderness and swel trial cancer, breast or ral enlargement (w ding. Testosterone	isks are the sai infection and pa ling; increase in h cancer); birth def hich is reversible therapy may incre	me as for any minor in; extrusion of pellets; hair growth on the face; ects in babies exposed.). The estradiol dosage ease one's hemoglobin
BENEFITS OF TESTOSTER and stamina. Decreased frec fat. Decrease in risk or severi	quency and severity of migra	aine headaches. Decrease	in mood swings, ar	nxiety and irritabi	lity. Decreased visceral
BENEFITS OF ESTRADIOL depression, anxiety, and hea (hardening and narrowing of dementia (neuroprotection)	. PELLETS INCLUDE: Decr daches caused by hormone of the blood vessels) and co	reased vaginal dryness. Inc efluctuations. Increase and	reased skin elasticit maintenance of bo	ry. Decreased hot one density. May	flashes, mood swings, orevent atherosclerosis
I have read and understand all of my questions have be therapy that we do not yet informed that I may experie to the insertion of hormone	en answered to my satisfac know, at this time, and that nce complications, includin	ction. I further acknowledg the risks and benefits of t g one or more of those lis	ge that there may be his treatment have ted above. I accep	ne risks of testost been explained ot these risks and	erone and or estrogen to me and I have been benefits and I consent
I understand that payment in company for possible reimble benefit and my insurance con with any insurance compant appeal.	oursement. I have been advi ompany may not reimburse	ised that most insurance of me, depending on my co	companies do not o overage. I acknowle	consider pellet the	erapy to be a covered wider has no contracts
Print Name		Signature	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oday's Date



The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been *our* practice for years. This form is a "friendly" version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

- 1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
- 2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative
- 3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
- 4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
- 5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
- 6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
- 7. We agree to provide patients with access to their records in accordance with state and federal laws.
- 8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
- 9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION
FORM and any subsequent changes in office policy. I understand that this consent shall remain in force from
this time forward

Print Name	Signature	Today's Date



WHAT MIGHT OCCUR AFTER A PELLET 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.
- UTERINE SPOTTING/BLEEDING: 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.

Patient Signature	Date



Post-Insertion Instructions for Women

- Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage any
 time after 24 hours. It must be removed as soon as it gets wet. The inner layer is either waterproof foam
 tape or steri-strips. They should be removed in 3 days.
- We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each time over the next 4 to 5 hours.
- Do not take tub baths or get into a hot tub or swimming pool for 3 days. You may shower but do not scrub
 the site until the incision is well healed (about 7 days).
- No major exercises for the incision area for the next 3 days, this includes running, elliptical, squats, lunges, etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take Benadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness!
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding not relieved with pressure (not oozing), as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.

Reminders:

- Remember to go for your post-insertion blood work 6 weeks after the insertion.
- Most women will need re-insertions of their pellets 3-4 months after their initial insertion.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for a re-insertion. The charge for the second visit will only be for the insertion and not a consultation.

litional Instructions:		
I acknowledge that I have red	ceived a copy and understand the instructions o	n this form.
Print Name	Signature	Today's Date