



Consent for Hormone Therapy in Women

You are considering hormone replacement therapy for symptoms that may include but are not limited to; hot flashes, night sweats, vaginal dryness, fatigue, reduced libido, bone health and improved mental health.

Benefits & Potential Risks

1. The main benefit of hormone replacement therapy is the mitigation of menopausal symptoms. Hormone therapy will likely help minimize hot flashes, night sweats, vaginal symptoms and many other symptoms of menopause. Other benefits of hormone therapy may include improvement of menopausal skin changes and maintaining and/or improving bone density.
2. Infrequent risks with hormone replacement therapy include gallbladder disease, elevation of blood pressure, blood clots and the increase in size of fibroids. Minor side effects may include: breast tenderness, gastrointestinal symptoms, skin rashes, intolerance of contact lenses and headaches.
3. The estrogen component of hormone therapy has many long-term health benefits. However, if you still have your uterus it is extremely important that you take a progesterone medication that will help to prevent the development of uterine cancer when you take estrogen.
4. If you still have a uterus, occasional spotting is common the first month or two you take hormone replacement therapy. If you have any bleeding whatsoever beyond the first two months, it is imperative that you schedule an appointment to discuss testing to rule out uterine abnormalities including precancer/cancer of the uterine lining.
5. Bio-identical testosterone therapy is available in various forms including sublingual drops, troches, topical creams, pellets and injection. Side effects include acne, change in libido, angina or heart attacks, hirsutism (facial hair growth) and scalp hair loss, clitoral engorgement, voice changes, or water retention. Because it may improve insulin resistance in males, diabetics who use insulin should monitor glucose levels closely, as less insulin may be needed. Check with your physician before adjusting your dose of insulin. If using a formulation of testosterone that is applied to the skin, a local irritation may occur. Although the use of bio-identical hormone replacement therapy has been shown in many studies to be safer than synthetic hormone replacement therapy, the risk of cancer-related side effects is still possible.

Patient Statement:

I understand that along with the benefits of any medical treatment or therapies, there are both risks and potential complications to treatment, as well as not being treated. Those risks and potential

complications have been explained to me. I have not been promised or guaranteed any specific benefit from the administration of these therapies and no warranty or guarantee has been made regarding the results of treatment. I agree to proceed with treatment and to comply with recommended dosages.

I agree to comply with requests for ongoing testing to assure proper monitoring of my treatments that may include laboratory evaluation of all hormone levels or other diagnostic testing. I agree to see my primary care physician, gynecologist, or other practitioner for regular monitoring and for preventative measures that may include but are not limited to complete physicals, rectal examinations and/or colonoscopy, EKG, mammograms, pelvic/breast exams, pap smears, prostate exams, PSA levels, etc. at least on a yearly basis.

I agree to immediately report to my physician any adverse reaction or problem that might be related to my therapy. I understand that along with the benefits of any medical treatment or therapies, there are both risks and potential complications to treatment, as well as to not being treated. Those risks and potential complications have been explained to me and I agree that I have received information regarding those risks, potential complications and benefits, and the nature of Bio-identical and other hormone treatments and have had all my questions answered. Furthermore, I have not been promised or guaranteed any specific benefit from the administration of bio-identical hormone therapy.

I certify this form has been fully explained to me, that I have read it or have had it read to me and that I understand its contents. I agree not to undergo any treatments unless I fully understand the treatment and have discussed possible risks and benefits. I agree to the therapy described above. I have been educated on the benefits, risks, and possible adverse reactions associated with bio-identical hormone replacement therapy.

(Patient Name)

(Date of Birth)

(Patient Signature)

(Today's Date)

Provider 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 feel the patient has been adequately informed and has consented.

(Treating Provider)

(Today's Date)