

Consent for Testosterone Replacement Therapy

Patient Name: _____ PT ID: _____ DOB: _____

Before starting or continuing Testosterone Replacement Therapy (TRT) it is important that you understand the risks and benefits associated with treatment. Be sure that you are doing what is right for you. If you are unsure, then you should refuse and/or discontinue treatment.

Testosterone is FDA-approved for use in men who have low testosterone levels along with associated symptoms. These symptoms may include decreases in energy and motivation, poor concentration or memory, depression or irritability, sleep disturbances, reduced muscle mass, increased body fat, and reduced libido. These symptoms may be treatable in hypogonadic males utilizing testosterone. The objective of TRT is to restore normal testosterone levels, to help reduce these symptoms. Some potential side effects are, increased red blood cells, acne, sleep apnea, breast enlargement, testicular atrophy, lowered sperm count, mood swings, injection site reactions such as bleeding, pain, swelling, redness, or infection, increased estrogen production, or fluid retention. TRT is not recommended for patients who have breast or prostate cancer, or who are thinking about becoming parents. Some recent studies have associated TRT with increased risk of cardiovascular events, such as blood clots, heart attacks, or strokes. If you have a history of cardiac or urological problems, your provider may require clearance from your cardiologist or urologist prior to initiating treatment. Each patient's risk can vary depending upon health history and lifestyle. It is important that you provide an accurate and complete medical history to your provider. Please tell your provider if you have used alcohol or illicit drugs prior to your treatment visit.

Patient:

"This is my consent for Paradigm Hormones, to begin treatment for Testosterone Replacement Therapy.

_____ I have read and understand, that there may be complications arising from or related to treatment as described above, and explained by my treating medical provider. I have had an opportunity to discuss my complete past medical and health history including any serious problems and/or injuries, as well as my family history of diseases and conditions, with my provider. All of my questions concerning the risks, benefits, and alternatives to treatment have been answered. I am satisfied with the answers and desire to commence treatment, knowing the risks and potential side effects involved.

_____ I understand that I will have periodic blood tests to monitor my blood levels of testosterone and I consent to such testing. I understand that the physical exam by my provider does not replace a full physical exam by my personal physician.

_____ I understand that each patient is different and there are no guarantees as to results obtainable from TRT. TRT is not a cure, and if I stop treatment, symptoms may return or worsen.

_____ I am not currently attempting to father children. If this changes, I will advise my provider at Paradigm Hormones immediately.

_____ I do not have and have not been diagnosed with cancer."

Patient Signature

Date

Provider:

"I have reviewed each of the foregoing with the patient, including the potential risks and benefits of treatment, the patient's complete past medical and health history and relevant family medical history. The patient has been provided the opportunity to ask questions concerning the risks, benefits, and alternatives to treatment, and desires to (circle one) Commence/refuse treatment."

Provider Signature

Date