



Consent for Testosterone Replacement Therapy

SOME THINGS YOU SHOULD KNOW ABOUT TESTOSTERONE REPLACEMENT THERAPY

It is important to understand that medicine is an inexact science. Although we plan and carry out our treatment as carefully as we can, the results can vary in their degree of success. It is only natural for a patient undergoing Testosterone Replacement Therapy to want to be reassured that everything will turn out alright. Most of the time it will, but most of the time isn't all the time, so it is necessary to talk about what can go wrong.

In the "old days," physicians and nurses did not always inform their patients about all of the risks of certain treatments because they didn't want their patients to worry about things that they felt were their responsibility. But now it is very important that you be aware of the risks involved and actively participate in the decision of whether to begin treatment. You should be aware of the potential risks as well as the potential benefits expected from the treatment. You should also be aware of the alternatives to testosterone replacement therapy, which always include not doing the treatment. We cannot promise you a good result because it is impossible to deliver that every time, but we can promise you our best efforts.

It is very important that you think about all of this, ask questions, and be sure that you feel that you are doing the right thing, at the right time, with the right doctor – if you're not sure, then you should wait.

Directions: Initial each statement after you read it, if you agree with what the statement says.

- _____ 1. This is my consent for Hormone Therapeutics and HT Physicians, with any physician, nurse or affiliate who is working with the company, to begin treatment for testosterone deficiency.
- _____ 2. I fully understand that occasionally there are complications of this treatment:
- _____ 3. Acne,
- _____ 4. Breast Enlargement,
- _____ 5. Mood Swings,
- _____ 6. Extra fluid in the body (can cause problems for patients who have heart, kidney or liver disease),
- _____ 7. Sleep disturbance (sleep apnea is more likely in patients with lung disease or overweight),
- _____ 8. Prostate Enlargement (which may cause problems with urinating).
- _____ 9. Changes in cholesterol levels, red blood cell levels, PSA levels, and liver function enzymes, and other hormone levels which will be monitored with periodic blood tests.
- _____ 10. I understand that testosterone replacement therapy may increase complications and adverse outcomes, including death, for those with known heart disease. If I am under 65 with known heart disease I must consult my Cardiologist or my primary care provider and inform Hormone Therapeutics. If I am 65 years or older, with or without known heart disease, I must speak to and receive approval from my Cardiologist or my primary care provider.
- _____ 11. I understand that I will have periodic blood tests to monitor my blood levels and that this can be painful and leave bruises on the skin.
- _____ 12. I understand there is no warranty or guarantee as to the result and that my condition may return or become worse.
- _____ 13. I have had an opportunity to discuss with Hormone Therapeutics my complete past medical and health history including any serious problems and/or injuries. All of my questions concerning the risks, benefits, and alternatives have been answered. I am satisfied with their answers.
- _____ 14. I understand that the physical exam acquired for Hormone Therapeutics does NOT replace a full physical exam acquired for a personal physician.
- _____ 15. I agree to have my personal physician perform a yearly full physical exam including a digital rectal exam, lipid profile, cholesterol levels, and a comprehensive metabolic panel.

Patient

Date