General Hormone replacement therapy (HRT) for women is intended to replace the hormones that a woman produced in her body prior to menopause, including estrogen and testosterone which are made in the ovaries and adrenal gland.

Birth Control Pre-menopausal patients are advised to continue reliable birth control while participating in Testosterone hormone replacement therapy. Testosterone is listed as category X due to risk of birth defects and cannot be prescribed to pregnant women.

Please circle current birth control method is:
- Abstinence
- Birth Control Pill
- IUD
- Hysterectomy
- Menopause
- Tubal Ligation
- Other: _______________________

Benefits I have been informed I will have testosterone replacement to achieve potential benefits which include:
- possible increase in bone density
- improvement in short term memory
- increase in energy
- increase in libido
- improvement in my sense of well-being

Risks In a rare number of patients, the body will convert testosterone to DHT which can cause acne or hair loss. Estradiol dosage can aggravate fibroids or polyps, if they exist, and cause bleeding. Other side effects and complications are rare but can include:
- lack of effect (due to lack of absorption)
- breast tenderness and swelling; water retention (estrogen only)
- increase in hair growth on the face
- increased risk/growth of estrogen dependent tumors (breast, endometrial, ovarian, etc.) or liver tumors
- birth defects in babies exposed to testosterone during gestation
- temporary change in voice
- clitoral enlargement

All females receiving hormone replacement therapy should have yearly physicals, recommended mammograms, pap smears and pelvic exams with their primary care physicians and gynecologist to help monitor for potential risks as well as for optimal health. I have been informed that women who have not had a hysterectomy should take progesterone to help prevent endometrial cancer.

My signature below certifies that I have read and understood the above and my acknowledgement that I have been encouraged to ask any questions regarding hormone replacement therapy and all my questions have been answered to my satisfaction. I also acknowledge that the risks and benefits of this treatment have been explained to me and that I may experience one or more of the complications listed above. I accept these risks and benefits and consent to hormone replacement therapy.

Patient Name ___________________________ Date ___________________________

Patient Signature ___________________________ Date ___________________________