

New Patient Package for Women

Congratulations! You're on your way toward restoring your vitality.

Thank you for your interest in BioTE®. Please take the time to read this carefully. You will need to complete the following forms and get labs drawn, in order to determine if you are a candidate for bioidentical hormone pellets. Our medical providers will evaluate this information prior to your consultation to determine if BioTE Medical® can help you live a healthier life.

Please complete the following 8 tasks:

- 1) Consider the options for how you will pay for your blood draw**
 - a) Find out if your insurance company will cover the cost, and which lab your insurance company will cover.
 - b) And/or ask your doctor to order the below-mentioned labs.
 - c) If you are uninsured, or you have a high deductible, call our office to schedule a self-pay blood draw. We have negotiated a discounted rate for our patients: \$125.
 - d) Please keep in mind, it can take up to two weeks for your lab results to reach our office.
- 2) Schedule your blood draw** at any Quest Diagnostics, any LabCorp, or our office - *at least 2 weeks before your consultation.
- 3) Arrange to get a blood test for the following:**
 - a) Estradiol
 - b) FSH
 - c) Total Testosterone (free Testosterone is not needed for females)
 - d) CBC
 - e) Complete Metabolic Panel
 - f) Thyroid: 1. TSH, 2. T4 Total, 3. Free T3, 4. T.P.O. (Thyroid Peroxidase Antibody)
 - g) Vitamin D, 25-Hydroxy
 - h) Vitamin B-12 (Optional)
 - i) Lipid Panel (a. Optional, b. Not included in the In-House lab price.)
- 4) Schedule your personalized Bioidentical Hormone Consultation** - give at least 2 weeks between the time you had your blood drawn to time of consult. 858-450-1212.
- 5) Complete the “[Female Patient Questionnaire & History](#)” (see pgs. 2-3)**
- 6) Complete the “[Female Testosterone and/or Estradiol Pellet Insertion Consent Form](#)” (see pgs. 4-6)**
- 7) Complete the “[Acknowledgment of Hormone Replacement Fee](#)” (see page 7)**
- 8) Review “[Post-Pellet Insertion Instruction](#)” (see page 8)**

Female Patient Questionnaire & History

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Name: (Last) _____ (First) _____ (Middle) _____

Today's Date: _____ Date of Birth: _____ Age: _____ Weight: _____

Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

May we contact you via E-Mail? YES NO

In Case of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Primary Care Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status (check one): Married Divorced Widow Living with Partner Single

In the event we cannot contact you by the means you've provided above, we would like to know if we have permission to speak to your spouse, or significant other, about your treatment. By giving the information below you are giving us permission to speak with your spouse or significant other about your treatment.

Partner's Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Social: (select the boxes that apply to you)

- I am sexually active. I am no longer wishing to reproduce
- I want to be sexually active. My sex-life has suffered.
- I haven't been able to have an orgasm.
- Other _____

Habits: (select the boxes that apply to you)

- I smoke cigarettes or cigars. Amount per day: _____ [or] Amount per week: _____
- I drink alcoholic beverages. Amount per day: _____ [or] Amount per week: _____
- I drink caffeine. Amount per day: _____ [or] Amount per week: _____

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Female Patient Questionnaire & History

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Medical History:

Any known drug allergies: _____

Have you ever had any issues with anesthesia? Yes No

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 period (estimate year if unknown): _____

Preventative Medical Care:

- Medical/GYN exam in the last year Mammogram in the last 12 months
- Bone density in the last 12 months Pelvic ultrasound in the last 12 months

High Risk Past Medical/Surgical History:

- Breast cancer Ovarian cancer
- Hysterectomy with removal of ovaries Hysterectomy only
- Oophorectomy [removal of ovaries] Uterine cancer

Birth Control Method:

- Menopause Hysterectomy Tubal ligation IUD
- Birth control pills Other _____

Medical Illnesses:

- Polycystic Ovary Syndrome (PCOS)
- High blood pressure Heart bypass
- High cholesterol Depression/anxiety
- Stroke and/or heart attack Heart disease
- Blood clot and/or a pulmonary emboli Arrhythmia
- Any form of Hepatitis or HIV Arthritis
- Lupus or other auto-immune disease Thyroid disease
- Fibromyalgia Psychiatric disorder
- Chronic liver disease (hepatitis, fatty liver, cirrhosis) Diabetes
- Cancer (type): _____ Year: _____
- Other _____

Female Testosterone &/or Estradiol Pellet Insertion Consent Form

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Name: (Last) _____ (First) _____ (Middle) _____
Today's Date: _____

Bioidentical hormone pellets are hormones, biologically identical to the hormones your ovaries and adrenal glands produce(d). Bioidentical hormones have the same effects on your body as your own estrogen and testosterone did when you were younger. However, you will not experience the monthly fluctuations (ups and downs) that came with your menstrual cycles. Bioidentical hormone pellets are plant derived and are FDA monitored, but not (yet) approved for female hormonal replacement. The pellet method of hormone replacement has been used in Europe and Canada for many years and by select OB/GYNs in the United States.

You will have similar risks from the effects of estrogen and androgen from the pellets as you did when your own body produced it. Patients who are pre-menopausal are advised to continue reliable birth control while participating in pellet hormone replacement therapy. Testosterone is category X. This means it is known to cause birth defects. Therefore, it cannot be administered to pregnant women.

Benefits of bio-identical hormone pellet therapy may include: Increased libido, energy, and sense of well-being; increased muscle-mass, strength and stamina; decreased frequency and severity of migraine headaches; decrease in mood swings, decreased anxiety and irritability; decreased weight-gain; decrease in risk, or severity, of diabetes; decreased risk of heart disease; decreased risk of Alzheimer's and dementia.

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. As your body acclimates to its restored hormonal balance, certain changes might develop at the beginning that can be bothersome. The following may/may not occur at first:

- **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.

Female Testosterone &/or Estradiol Pellet Insertion Consent Form

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- **SWELLING OF THE HANDS & FEET:** This is uncommon, but more likely 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.
- **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. We recommend all patients take DIM to counteract this conversion to DHT. Prescription medications for hair loss 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. There are many solutions including a dosage adjustment to reduce, or eliminate, the problem.
- **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 insufficient doses.) 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 the uterine lining that needed to be eliminated. This uterine lining may have already been present in your uterus prior to getting pellets and is being released in response to the increase in hormones.

Possible side effects from placement of the pellet itself include, but are not limited to:

Bleeding, bruising, swelling, infection and pain; reaction to local anesthetic and/or preservatives.

Possible side effects from testosterone therapy include, but are not limited to:

Hyper-sexuality (overactive Libido); lack of effect (from lack of absorption, or extrusion of pellets); increase in hair growth on the face, and body, similar to pre-menopausal patterns; growth of liver tumors, if liver tumors are already present; change in voice (which is reversible); clitoral enlargement (which is reversible).

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Possible side-effects from estradiol include, but are not limited to:

Breast tenderness and swelling especially in the first three weeks; increased risk of growth of estrogen-dependent tumors (e.g. endometrial cancer, breast cancer); water retention; aggravation of existing fibroids or polyps which can cause bleeding.

CONSENT FOR TREATMENT: I consent to the subcutaneous insertion of testosterone and/or estradiol pellets in my hip or any other location deemed appropriate by my provider.

Potential complications have been explained to me and I agree that I have received information regarding those risks, potential complications, benefits, and the nature of bioidentical and other treatments. I agree to report to my provider any adverse reactions, or problems that may be related to my therapy. Furthermore, I have not been promised, or guaranteed, any specific benefits from the administration of bioidentical therapy.

I certify this form has been fully explained to me, and I have read it, or have had it read to me, and I understand its contents. I have had the opportunity to ask any questions regarding pellet-therapy. All of my questions have been answered to my satisfaction.

I further acknowledge that there may be risks associated with testosterone-therapy, and/or estrogen-therapy that have not been discovered to date. I acknowledge that the risks and benefits of this treatment have been explained to me. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance. I accept these risks and benefits.

This consent is ongoing for this and all future pellet insertions.

Print Name: _____

Signature: _____

Today's Date: _____

Acknowledgment of Hormone Replacement Fee

I understand that payment is due in full at the time of service.

I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. Although more insurance companies are reimbursing patients for the BioTE® Medical Hormone Replacement Therapy, there is no guarantee. I have been advised that most insurance companies do not consider pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I can ask for paperwork to send to my insurance company to file for reimbursement should I choose. I acknowledge that Hormonal Wellness of La Jolla, Inc. has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

New Patient Consult Fee \$125

Female Hormone Pellet Insertion Fee \$400

We accept the following forms of payment:

Mastercard, Visa, Discover, Personal Checks and Cash. (No AmEx)

Print Name: _____

Signature: _____

Today's Date: _____

Post-Pellet Insertion Instructions

- ✘ Your insertion site has been covered with two layers of bandages.
- ✘ The inner layer is a steri-strip and the outer layer is a waterproof dressing on top of that.
- ✘ On the day of the procedure you can ice the site if you have any swelling or discomfort. Be sure to place something between the ice pack and your bandages/skin. Do not place ice packs directly on bare skin.
- ✘ Do not take tub baths or get into a hot tub or swimming pool for 7 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 7 days. This includes running, elliptical, squats, lunges, riding a horse, etc. You can do moderate upper body work and walking.
- ✘ The sodium bicarbonate, in the anesthetic, may cause the site to swell for 1-3 days. This is normal.
- ✘ If there is itching or redness you may take Benadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness, so use your judgement.
- ✘ You may experience discomfort, bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks.
- ✘ If you experience bleeding from the incision, apply firm pressure for 5 minutes. You may notice some pinkish or bloody discoloration on the outer bandage. This is normal. Please call if you have any bleeding (not oozing) that is not relieved by pressure, since this is NOT normal.
- ✘ Please call if you have any pus coming out of the insertion site, as this is NOT normal.
- ✘ Please call to make an appointment to get your labs drawn 6 weeks from the insertion date.
- ✘ Please call to make an appointment to get your next pellets as soon as symptoms that were relieved from the pellets start to return. (Most women will need their next pellets 3-4 months after their last insertion.)