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Informed Consent for Use of Hormone Replacement Therapy

I wish to take hormone replacement therapy that uses the following drugs alone or in combination with one another: Estrogen, progestin, progesterone, testosterone, Osphena, and DHEA. I have discussed the use of these drugs with my provider. Although estrogen and progestin have been used for many years, my provider has given me information about a study that quantified certain health risks in using this combination of drugs. I have decided to use these drugs and have accepted the risks/potential risks of hormone replacement therapy (HRT).

My provider had given me a summary of the recent study on HRT. I know that in this study, the Women's Health Initiative (WHI), found that women taking a combination of estrogen and progestin had more cases of heart attacks, strokes, blood clots, and breast cancer than women who did not take these drugs. The study also found that there were fewer cases of colorectal cancer and hip fractures in women who took these drugs compared to women who did not. The study also recommended that women should not take these drugs for prevention of heart disease. It is also recommended that these drugs be taken for no more than five years.

My provider has also discussed other options for my continued care. It is my decision to use Hormone Replacement Therapy at this time. I may decide to stop using these drugs at any time.

I declare that:

____ I do not have a current or past medical history of blood clots, heart disease, or brain strokes.

____ I do not have a current or past history of breast cancer.

____ I do not have a current or past history of neurological disorders.

____ I understand that HRT should not be used over the age of 60 regardless of my medical conditions.

Patient Name and Signature

Date

Witness Signature

Date