

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: _____

Other Pertinent Information: _____

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

Print Name

Signature

Date

Testosterone Pellet Insertion Consent Form

Bio-identical testosterone pellets are hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made in your testicles prior to "andropause." Bio-identical hormones have the same effects on your body as your own testosterone did when you were younger. Bio-identical hormone pellets are plant derived and bio-identical hormone replacement using pellets has been used in Europe, the U.S. and Canada since the 1930's. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During andropause, the risk of not receiving adequate hormone therapy can outweigh the risks of replacing testosterone.

Risks of not receiving testosterone therapy after andropause include but are not limited to: Arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased overall inflammatory processes, dementia and Alzheimer's disease, and many other symptoms of aging.

CONSENT FOR TREATMENT: I consent to the insertion of testosterone pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. Surgical risks are the same as for any minor medical procedure.

Side effects may include:

Bleeding, bruising, swelling, infection, pain, reaction to local anesthetic and/or preservatives, lack of effect (typically from lack of absorption), thinning hair, male pattern baldness, increased growth of prostate and prostate tumors, extrusion of pellets, hyper sexuality (overactive libido), ten to fifteen percent shrinkage in testicle size and significant reduction in sperm production.

There is some risk, even with natural testosterone therapy, of enhancing an existing current prostate cancer to grow more rapidly. For this reason, a prostate specific antigen blood test is to be done before starting testosterone pellet therapy and will be conducted each year thereafter. If there is any question about possible prostate cancer, a follow-up with an ultrasound of the prostate gland may be required as well as a referral to a qualified specialist. While urinary symptoms typically improve with testosterone, rarely they may worsen, or worsen before improving. Testosterone therapy may increase one's hemoglobin and hematocrit, or thicken one's blood. This problem can be diagnosed with a blood test. Thus, a complete blood count (Hemoglobin and Hematocrit.) should be done at least annually. This condition can be reversed simply by donating blood periodically.

BENEFITS OF TESTOSTERONE PELLETS INCLUDE:

Increased libido, energy, and sense of well-being; increased muscle mass and strength and stamina; decreased frequency and severity of migraine headaches; decrease in mood swings, anxiety and irritability (secondary to hormonal decline); decreased weight (increase in lean body mass); decrease in risk or severity of diabetes; decreased risk of Alzheimer's and dementia; and decreased risk of heart disease in men less than 75 years old with no pre-existing history of heart disease.

On January 31, 2014, the FDA issued a Drug Safety Communication indicating that the FDA is investigating risk of heart attack and death in some men taking FDA approved testosterone products. The risks were found in men over the age of 65 years old with pre-existing heart disease and men over the age of 75 years old with or without pre-existing heart disease. These studies were performed with testosterone patches, testosterone creams and synthetic testosterone injections and did not include subcutaneous hormone pellet therapy.

I agree to immediately report to my practitioner's office any adverse reactions or problems that may be related to my therapy. Potential complications have been explained to me and I agree that I have received information regarding those risks, potential complications and benefits, and the nature of bio-identical and other treatments and have had all my questions answered. Furthermore, I have not been promised or guaranteed any specific benefits from the administration of bio-identical 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 accept these risks and benefits and I consent to the insertion of hormone pellets under my skin. This consent is ongoing for this and all future insertions.

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. 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 acknowledge that my provider is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal

Print Name

Signature

Date

LABS:

Your blood work panel will include the following tests:

- Estradiol
- Testosterone Free & Total
- PSA Total
- TSH
- T4, Total
- T3, Free
- T.P.O. Thyroid Peroxidase
- CBC
- Complete Metabolic Panel
- Vitamin D, 25-Hydroxy
- Vitamin B12
- Lipid Panel (Optional) **(Must be a fasting blood draw to be accurate)**

You will also need post insertion labs at 4 weeks which will include:

- Estradiol
- Testosterone Free & Total
- PSA Total (If PSA was borderline on first insertion)
- CBC
- Lipid Panel (Optional) **(Must be a fasting blood draw to be accurate)**
- TSH, T4 Total, T3 Free, TPO **(Only needed if you've been prescribed thyroid medication)**

LABS FEE

I do not have insurance OR have a high deductible and would like to pay the reduced fee of \$130.

Please bill my insurance; I AM AWARE THAT INSURANCE may BE BILLED AS MUCH AS \$1500 by US MED LAB FOR THE PANEL AND I WILL BE RESPONSIBLE FOR PAYMENT ON THIS IF I HAVE NOT MET MY DEDUCTIBLE.

Name: _____ Signature: _____ Date: _____

STAFF to initial below:

_____ I have scheduled the in 1-2 weeks; I have collected self-pay payment for insurance of \$125 if applicable.

I have indicated "Account Bill" (if self-pay); or insurance bill on the lab form.

NOTE: Account Bill to be indicated only if payment for labs has been received.

Financial Policy

Welcome and Thank You for choosing Ashland Integrative Medicine as your healthcare provider. We are committed to delivering the highest quality of care at the lowest possible cost. The following is a statement of our financial policy that we require you to read and sign prior to any services being rendered.

Please be aware that some, and perhaps all, of the services provided may be non-covered services that are not considered reasonable and necessary by your insurance carrier.

Participating Insurance Plans

For those plans with which we are participating providers, all co-pays and deductibles are due at the time of service. In order to properly bill your insurance company and avoid untimely delays, we require that you provide us with accurate insurance information and allow us to maintain a copy of your insurance card on file upon each visit. In the event that your insurance coverage changes to a plan with which we do not participate, refer to the following paragraph.

Non Participating Insurance Plans

For those plans with which we do not participate - we do not accept assignment of insurance benefits and we do not bill your insurance company. Payment(s) by cash or credit card/debit card are expected at the time of service. Your policy is a contract between you and your insurance company.

Minors

A minor must be accompanied by a guarantor for his/her account - with said parent/guardian of the minor or other adult accompanying the minor during each visit. An unaccompanied minor will be always be denied non-emergency treatment unless charges have been pre-authorized to an approved credit/insurance plan.

Authorization to pay Benefits to Physician/Office

I hereby assign payment directly to Ashland Integrative Medicine for medical and/or surgical benefits - if any - otherwise payable to me for services provided at the clinic...not to exceed my indebtedness to the clinic for those services. I understand that I am financially responsible for any charges for provided services not covered by my insurance, this includes charges that apply to co-insurance and/or deductible - said charges are due at the time of service.

Authorization to Release Information

I hereby authorize Ashland Integrative Medicine to release any information acquired in the course of my examination or treatment to my referring physician and/or my insurance company.

Account Balances

We will require that patients with outstanding balances do pay their account balances to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills or who would like to

discuss a payment plan option may call and ask to speak to the Office Manager with whom they can review their account and concerns. Patients with balances over \$100 must make payment arrangements prior to future appointments being made.

Acknowledgement

I have read and understand the above Financial Policy and Benefit Authorization and agree to adhere to all provisions outlined herein.

Patient Signature

Date

Cancellation Fee Policy

Ashland Integrative Medicine is committed to providing all our patients with exceptional care. When a patient cancels without giving enough notice, they prevent another patient from being seen. With that said - we understand that there are times when you must miss a scheduled appointment due to emergencies and/or obligations for work or family. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment schedule.

Therefore, if you need to cancel and/or reschedule an appointment you are required to call no later than 24 hours prior to the scheduled appointment time. If you need to cancel/reschedule a Monday appointment - you must call prior to close of business on the Friday prior.

If an appointment is not cancelled at least 24 hours in advance of your schedule appointment time you will be charged a thirty-five dollar (\$35) fee; this will not be covered by your insurance company and must be paid prior to your next appointment. Multiple Non-Cancellation/No-Show events in any given 6 month period may result in termination from our practice.

Patient Signature

Date

Late Arrival Policy

Ashland Integrative Medicine understands that delays can happen - however, we must try to keep the other patients and doctors on time. If a patient arrives 15 minutes or more past their scheduled appointment time we will have to reschedule the appointment.

Patient Signature

Date