

**Consent for Bio-identical Hormone Replacement Therapy**

**Female Consent Form**

I have requested and consent to the administration of Bio-Identical Hormone Replacement Therapy (BHRT) and oral supplements and authorize that these will be prescribed by the physicians, nurse practitioners and physician assistants of The Broadway Clinic. I acknowledge that there are no guarantees or assurances made with respect to the benefit of Bio-Identical Hormone Replacement Therapy (BHRT) prescribed for me.

I understand that I will be responsible for the administration of these hormones and supplements prescribed to me. Also, I understand that I do have a choice of pharmacies, but I have consented to have medications dispensed at The Broadway Clinic Pharmacy. I will comply with the recommended doses and follow the methods of administration. I understand I am responsible for the safe keeping of these hormones and supplements prescribed to me.

I understand that initial blood tests will be used to establish my baseline hormone levels.

I agree to comply with requests for ongoing blood tests to assure proper monitoring of my hormone levels. I agree to report to the healthcare providers at The Broadway Clinic any adverse reactions or problems related to my BHRT should any occur. I understand that with BHRT there are possible risks and complications if I do not comply with the prescribed dosages.

I understand that I have not been promised or guaranteed any specific benefit from BHRT. I understand that BHRT is a newer medical specialty and that I have not been guaranteed or promised any specific benefit with respect to the treatment prescribed.

I understand that the role of the healthcare providers at The Broadway Clinic to me, are for the treatment of BHRT only. I agree that I am or will be under the care of a primary care physician for all other health care needs.

I acknowledge and understand that all medical treatments have potential side effects. However, there are few potential side effects with testosterone therapy since we are simply restoring something inherently natural to the body (testosterone), and we are restoring it to healthy physiologic levels only. The goal is to make sure the testosterone level is high enough to achieve benefits, but not so high to create serious problems. The most common side effects are generally mild and temporary, and may include:

 Fluid retention: This is also known as edema. A small number of men on testosterone therapy may retain fluid. This is reversed by reducing the dosage of testosterone and/or by the use of a diuretic.

 Acne: Testosterone therapy may increase oil production in the sebaceous glands in the skin, leading to acne. Such acne is mild and is more likely to occur if the body was extremely deficient in testosterone. This lasts a short time and is reversed with good face washing, astringents and skin toner. This is reduced by a medication called spironolactone.

 Hair thinning: When this occurs, it is due to testosterone being converted to excess amounts of DHT (dihydrotestosterone) in the hair follicles.

\*Women: I understand I am responsible for scheduling annual breast imaging and gynecological exams with my primary care provider or gynecologist.

I have read, understand and agree to the above statements and all my questions have been answered to my satisfaction. By signing below I am hereby requesting and consenting to bio-identical hormone replacement therapy with the physicians, nurse practitioners, and physician assistants of The Broadway Clinic.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_