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Informed Consent for Hormone Replacement Therapy for Women

The purpose of this form is to inform you about Bio-identical Hormone Replacement Therapy (BHRT) that your provider has discussed with you.

You should read this form carefully and ask any questions before you decide whether to give your consent for this therapy.

As with all treatments, there are potential risks and benefits of both treatment and forgoing treatment. Treatment carries the potential risk of unsuccessful results, complications, and injury from both known and unforeseen causes. There is no warranty or guarantee made as to a result or cure. You have the right to be informed of such risks as well as the nature of the treatment, the expected effects of therapy, the available alternative methods of treatment and their risks and benefits, and the controversies regarding the most appropriate diagnosis and treatment.

The Principles of Medical Ethics adopted by the American Medical Association in 1980 states that a physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public. An essential component of informed consent requires that in the absence of medical certainty, patients have the opportunity to choose among medically indicated treatments.

Background: You have been diagnosed with a relative or absolute deficiency of estrogen, testosterone, or progesterone or a combination thereof. You may potentially benefit from hormonal supplementation. Your provider has recommended treatment with BHRT which consists of either progesterone and /or testosterone and/or estradiol. The goal is to provide you with the most up-to-date therapy options. You need to be sure you understand the reason that this therapy is being prescribed, the potential risks of therapy and the potential risk of declining treatment.

We also feel it is important that you know there are significant controversies regarding the best method to diagnosis and treat symptoms related to perimenopause and menopause, the best methods of treatment, and the most appropriate way to monitor therapy. This is especially true when “standard” blood tests look “normal”. Thus, you may consult another doctor who does not

agree with the therapy. This document provides extensive information that will be summarized by your provider so that you understand the basis for the diagnosis, the treatment method, and the potential risks and benefits of treatment and declining treatment.

Do not undergo therapy until you have reviewed this document with your provider, thoroughly understand the potential risks and benefits of treatment, and have all your questions answered. The diagnosis and treatment used may be considered nonconventional, complementary or alternative. Other physicians may disagree with the need for treatment, the method of treatment and dosing, and/or the methods of monitoring. You agree to undergo testing as recommended by your provider and report any potential side effects immediately.

Therapeutic Basis: Many individuals have inadequate hormone levels despite technically “normal” blood tests. There are limitations to “measuring” hormone levels as it reflects what is in the serum or saliva only rather than inside the cell. Some individuals suffering symptoms related to perimenopause, menopause may benefit from these therapies. Bio-identical hormone replacement therapy and can be used to augment hormone levels in a number of conditions where diminished hormone “levels” are evident or clinically suggestive based on symptoms. Your Provider may prescribe these hormones at dosages designed to achieve a pharmacologic effect to reduce the symptoms of hormonal decline.

The diagnosis and treatment will involve many components including your symptoms, confounding medical issues or medications, blood levels, physical exam, response to therapy, possible side effects, individual reaction/response to therapy, and other information. Your blood levels may fall into “normal” lab reference ranges, which may not in our opinion, reflect your deficiency.

We also feel it is important that you know there are significant medical differences of opinion/controversies regarding the best method to diagnosis and treat low hormone levels, whether or not blood tests are needed at all, the best methods of treatment, and the most appropriate way to monitor dosage and therapy. This is especially true when “standard” blood tests are “normal”, meaning that the result is within the normal laboratory reference range for the test. The diagnosis and treatment used may be considered non-conventional, complementary or alternative. Other physicians may disagree with the need for treatment at all, the method of treatment, dosing and/or the methods of monitoring. Thus, you may consult another doctor who does not agree with our diagnosis or therapy.

Expected Benefits of Hormone Replacement Therapy may include:

- ◆ Control of symptoms associated with declining hormone levels.

◆ May help prevent, reduce or control physical diseases and dysfunction associated with declining hormone levels.

◆ I have been fully informed, and I am satisfied with my understanding, that this treatment may be viewed by the medical community as new, controversial and unnecessary.

◆ The long-term effects of these hormones have not been established, particularly as it relates to breast cancer, and cardiovascular disease and thrombosis

◆ I understand that my healthcare provider cannot guarantee any health benefits or that there will be no harm from the use of hormone replacement therapy.

Risks and Side Effects of Hormone Replacement Therapy may include:

◆ I understand that the general risks of subdermal pellet insertion and injections may include, but are not limited to bleeding, bruising, scarring, extrusion, soreness or pain, and infection. In general, pellets cannot be removed after insertion.

◆ Topical creams can be transferred to other family members and result in a local skin reaction.

Benefits and Potential Risks/ Side Effects of Individual Hormones

◆ **Testosterone:**

◆ A prescription hormone given by subdermal pellet, injection, troche, or transdermal cream.

◆ It is not FDA approved for women and is considered “off-label” use for symptomatic improvement in women.

◆ Potential benefits: increased libido, energy and sense of well-being, decreased frequency/severity of headaches, increased energy, decreased hot flashes, increase in muscle mass and decrease in visceral fat, improved insulin sensitivity, improved lipid panel, decreased risk of dementia, decreased bone loss, improved cognition and memory and help with sleep issues, reduced risk of reproductive cancers, reduced risk of cardiovascular disease.

◆ Risks of testosterone replacement may include, but are not limited to: an increase in red blood cells (erythrocytosis) reduced insulin requirements in insulin-dependent diabetics, increased estradiol levels, edema (fluid retention), reproductive cancers, and cardiovascular disease.

◆ Side effects may include, but are not limited to: enlarged clitoris, hair loss, temporary water retention, acne, irritability, and voice changes. These are mostly dose related and usually resolve with reduction in dose.

Premenopausal females MUST use birth control. Theoretically, testosterone can masculinize a female fetus.

◆ **Estrogen (estradiol and/or estriol):**

◆ A prescription hormone, given by subdermal pellet, oral tablet, cream, patch, or troche.

