ARIZONA NATURAL FAMILY MEDICINE – MARIO HOWELL M.Ed., N.D.

MALE HORMONE INFORMED CONSENT

Patient Name: _____ Date: _____

Dr. Mario Howell has discussed the following Bio-identical hormone replacement therapy (BHRT) with me: Testosterone, DHEA, Progesterone, and Pregnanalone, which may be given in a variety of combinations, routes and dosages depending on my own individual requirements. Male hormone replacement therapy may include the following routes of administration: oral, sublingual, transdermal, and intra- muscular injection. Although synthetically made, these hormones are biologically identical to the hormones that humans normally make.

1. BIO-IDENTICAL HORMONE REPLACEMENT THERAPY

It is the practice to prescribed hormones based on the teachings and recommendations of the American Academy of Anti-Aging Medicines and Labrix Clinical Services. Hormones are only recommended when measurable deficiencies are noted in the serum (blood), saliva, or urine with corresponding symptomatic complaints. It is then our goal to restore hormonal levels to the range of healthy man in their twenties (20's**). Specific reference ranges are utilized according to the American Academy of Anti-Aging Medicine and/or Labrix Clinical Services. No hormones supplementation is made to solely improve aesthetic appearance or athletic performance.**

INITIAL: _____

2. TREATMENT ALTERNATIVES

I understand that one alternative is simply NOT to take any hormone replacement/substitution therapy. Other treatment alternative include: Herbs, vitamins, diet, exercise, antidepressant, blood pressure medication or other pharmaceuticals or simply doing nothing. The possible risks of alternative treatment, if any, Include: side effects from the herbs, vitamins or medications. The alternative treatment may simply not work.

INITIAL: _____

3. BENEFITS OF HORMONE THERAPY

My physician and I have discussed the potential benefits to me of taking bio-identical human hormone replacement therapy, including the potential relief of andropause symptoms. Long term hormone deficiency such as testosterone may increase susceptibility to the following diseases: cardiovascular diseases (myocardial infarction, coronary insufficiency, high blood pressure, high cholesterol, thrombosis, hemmorhagia) infertility, obesity, type 2 diabetes, depression, memory loss, Alzheimer's diseases, osteoporosis and its consequences (bone fractures), and poor wound healing.

INITIAL: _____

4. RISKS OF HORMONE THERAPY

The following risks are associated with taking Bio-identical Hormone replacement: Testosterone: although testosterone does not cause prostate cancer, it may stimulate an undiagnosed prostate cancer. Testosterone may also increase the production of red blood cells (which is normal function of testosterone) and a blood count will be followed. If the blood count elevates above normal, you may need to donate blood. Testosterone may decrease sperm production and decrease testicular size. Testosterone may increase estradiol in my body and give symptoms of breast enlargement and/or moodiness. Testosterone may also increase DHT and lead to hair loss.

INITIAL: _____

5. MEDICAL SCIENCE IS ALWAYS LEARNING NEW INFORMATION
This could include the discovery of other significant benefits to me besides the ones listed above. If you have any questions as to the risks and benefits of the proposed treatment or any questions concerning the proposed treatment, ask Dr. Mario Howell now before signing this consent form. **Do not sign unless you have read and thoroughly understand this form.**

INITIAL: _____

6. MONITORING REQUIREMENTS
I understand that careful and frequent monitoring is very important and it is my responsibility to perform the following as part of my treatment: Questionnaires, blood, urine, and/or saliva exams, Annual male exam (digital rectal exam), keeping scheduled appointments, recommended prescriptions or supplements. Initial blood and saliva hormone tests are ordered at your initial visit. Follow-up blood and saliva tests are measured every 1-3 months until your condition is stable. When stable, hormone levels are then monitored every 3-9 months depending on the situation. **FAILURE TO MEET THE ABOVE REQUIREMENTS WILL AFFECT THE EFFECTIVENESSS OF MY TREATMENT AND WILL RESULT IN MY DISMISSAL AS A PATIENT.**

INITIAL: _____

7. GUARANTEE
I am aware that the practice of medicine Is not an exact science and I expressly acknowledge that there have been no guarantees made to me as to the benefits or lack of complications from treatment.

INITIAL: _____

8. PATIENT'S CONSENT
I have read and fully understand this consent form. I understand I should not sign this form if the treatment, the alternatives, and the risks and benefits have not been explained to my satisfaction. I further understand that I should not sign this form if I have unanswered questions or if I do not understand any of the terms or words used in this consent form. **I give me my consent to the administration of hormone therapy.**

INITIAL: _____

I consent to the treatment or procedure and the above, listed items. I am satisfied with the explanation.

X _____ _____
Signature of Patient or Person Authorized to Sign for Patient **Date**

X _____
PRINT NAME

X _____ _____
Dr. Mario Howell **Date**