



MALE HORMONE QUESTIONNAIRE *and* HISTORY

PERSONAL HISTORY

Patient name: Date:

Date of birth: Age: Occupation:

Home address:

City: State: Zip:

Home phone: Cell phone: Work phone:

e-Mail address: May we contact you via email? Yes No

EMERGENCY CONTACT INFORMATION:

Name: Relationship:

Home phone: Cell phone: Work phone:

Primary Care physician's name: Phone:

Address:

City: State: Zip:

MARITAL STATUS (check one): Single Married Divorced Widow Cohabiting

In the event we cannot contact you by the means you've provided above, we would like to know if we have permission to speak to your spouse or significant other about your treatment. **By completing the information below you are giving us permission to speak with your spouse or significant other about your treatment.**

Spouse's name: Relationship:

Home phone: Cell phone: Work phone:

SEXUAL:

I am sexually active

My sexual life has suffered

I want to be sexually active

I haven't been able to have an orgasm

I have completed my family

I have used steroids in the past for athletics

HABITS:

I smoke cigarettes or cigars: per day

I drink more than 10 alcoholic beverages a week

I drink alcoholic beverages: per week

I use caffeine times a day

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:

Any other pertinent information:

PREVENTATIVE MEDICAL CARE:

- Medical exam in the last year
- Other:

**HIGH RISK PAST
MEDICAL/SURGICAL HISTORY:**

- Breast cancer
- Prostate cancer
- Benign Prostatic Hyperplasia
- Testicular cancer

BIRTH CONTROL METHOD:

- Vasectomy
- Other:

MEDICAL ILLNESSES:

- High blood pressure
- Heart bypass
- High cholesterol
- Hypertension.
- Heart disease
- Stroke and/or heart attack
- Blood clot and/or a pulmonary emboli
- Arrhythmia
- Any form of Hepatitis or HIV
- Lupus or other auto immune disease
- Fibromyalgia
- Trouble passing urine or take Flomax or Avodart
- Chronic liver disease (hepatitis, fatty liver, cirrhosis)
- Diabetes
- Thyroid disease
- Arthritis
- Cancer (type): Year:
- Depression/anxiety
- Psychiatric disorder



ENHANCED WELLNESS *of* NEW MEXICO

JOSEPH A. JAROS MD | JAN C. JAY, DOM

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BHRT CHECKLIST *for* MEN

Patient name: eMail: Date:

SYMPTOM	NEVER	MILD	MODERATE	SEVERE
Decline in general well-being				
Joint pain / Muscle ache				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Mood Changes / Irritability				
Nervousness				
Anxiety				
Depressed mood				
Exhaustion / Lack of vitality				
Declining mental ability / Focus / Concentration				
Feeling you have passed your peak				
Feeling burned out/hit rock bottom				
Decreased muscle strength				
Weight gain / Belly fat / Inability to lose weight				
Breast development				
Shrinking testicles				
Rapid hair loss				
Decrease in beard growth				
New migraine headaches				
Decreased libido / Sex drive / Desire				
Decreased morning erections				
Decreased ability to perform sexually				
Infrequent or absent ejaculations				
No results from erectile dysfunction medication				
Other symptoms that concern you:				



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TESTOSTERONE PELLETT INSERTION

CONSENT FORM

Patient name: Date:

Bio-identical testosterone pellets are concentrated, compounded 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 made from yams 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 and pain. 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. There can also be a 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. 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.

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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 has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

.....
Print Name

.....
Signature

.....
Date

HORMONE REPLACEMENT FEE ACKNOWLEDGMENT

Preventative medicine and bio-identical hormone replacement is a unique practice and is considered a form of alternative medicine. Even though the physicians and nurses are board certified as Medical Doctors and RN's or NP's, insurance does not recognize it as necessary medicine BUT is considered like plastic surgery (aesthetic medicine) and therefore is not covered by health insurance in most cases.

PLEASE NOTE: Enhanced Wellness of NM is not associated with any insurance companies, which means they are not obligated to pay for our services (blood work, consultations, insertions or pellets). We require payment at time of service and, if you choose, we will provide a form to send to your insurance company and a receipt showing that you paid out of

pocket. WE WILL NOT, however, communicate in any way with insurance companies.

The form and receipt are your responsibility and serve as evidence of your treatment. We will not call, write, pre-certify, or make any contact with your insurance company. Any follow up letters from your insurance to us will be discarded. If we receive a check from your insurance company, we will not cash it, but instead return it to the sender. Likewise, we will not mail it to you. We will not respond to any letters or calls from your insurance company.

For patients who have access to Health Savings Account, you may pay for your treatment with that credit or debit card. This is the best idea for those patients who have an HSA as an option in their medical coverage.

We accept the following forms of payment:

MasterCard | Visa | Discover | Personal checks | Cash

.....
Print Name

.....
Signature

.....
Date