



Female Patient Questionnaire & History

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-Mail Address: _____ May we contact you via E-Mail? () YES () NO

In Case of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Primary Care Physician's Name: _____ Phone: _____

Address: _____
Address City State Zip

Marital Status (check one): () Married () Divorced () Widow () Living with Partner () Single

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 giving 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: _____

Social:

- () I am sexually active.
- () I want to be sexually active.
- () I have completed my family.
- () My sex has suffered.
- () I haven't been able to have an orgasm.

Habits:

- () I smoke cigarettes or cigars _____ per day.
- () I drink alcoholic beverages _____ per week.
- () I drink more than 10 alcoholic beverages a week.
- () I use caffeine _____ 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: _____

Last menstrual period (estimate year if unknown): _____

Other Pertinent Information: _____

Preventative Medical Care:

- () Medical/GYN Exam in the last year
- () Mammogram in the last 12 months
- () Bone Density in the last 12 months
- () Pelvic ultrasound in the last 12 months

High Risk Past Medical/Surgical History:

- () Breast Cancer
- () Uterine Cancer
- () Ovarian Cancer
- () Hysterectomy with removal of ovaries
- () Hysterectomy only
- () Oophorectomy removal of ovaries

Birth Control Method:

- () Menopause
- () Hysterectomy
- () Tubal Ligation
- () Birth Control Pills
- () Vasectomy
- () Other: _____

Medical Illnesses:

- () High blood pressure
- () 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
- () Chronic liver disease (hepatitis, fatty liver, cirrhosis)
- () Diabetes
- () Thyroid disease
- () Arthritis
- () Depression/anxiety
- () Psychiatric Disorder
- () Cancer (type): _____
Year: _____

() Other: _____



BHRT CHECKLIST FOR WOMEN

Name: _____

Date: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Depressive mood				
Memory Loss				
Mental confusion				
Decreased sex drive/libido				
Sleep problems				
Mood changes/Irritability				
Tension				
Migraine/severe headaches				
Difficult to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes				
Night sweats				
Dry and Wrinkled Skin				
Hair is Falling Out				
Cold all the time				
Swelling all over the body				
Joint pain				

Other symptoms that concern you:



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 may not recognize it as necessary medicine BUT is considered elective and therefore may not covered by health insurance in most cases.

This practice is not associated with any insurance companies, which means they are not obligated to pay for our services (blood work, consultations, procedures or pellets). We require payment at time of service. After each paid visit, we will provide a form to send to your insurance company as a receipt showing that you paid out of pocket and including codes most commonly required. We will not, however, communicate in any way with insurance companies.

The form we provide is your responsibility to file with your insurance company, if so desired. All the information needed should be contained on the form. We will not call, write, pre-certify, or make any contact with your insurance company. If we receive a check from your insurance company, we will not cash it, but instead return it to the sender. We will not respond to any letters or calls from your insurance company. If more information such as lab results or visit notes is requested, we can send directly to you and then you can submit to your insurance.

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/FSA as an option in their medical coverage.

New Patient Fee..... \$250.00

Female Hormone Pellet Insertion Fee..... \$450.00

We accept the following forms of payment:

All Major Credit Cards, Personal Checks and Cash.

Print Name

Signature

Today's Date



Post-Insertion Instructions for Women

- Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage any time after 3 to 4 hours. You may replace it with a bandage to catch any anesthetic that may ooze out. The inner layer is either waterproof foam tape or steri-strips they should not be removed before 4 days.
- We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each time over the next 4 to 5 hours.
- Do not take tub baths or get into a hot tub or swimming pool for 3 days. You may shower but do not scrub the site until the incision is well healed (about 7 days).
- No major exercises for the incision area for the next 4 days, this includes running, riding a horse, etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days. Don't worry.....this is normal.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take Benadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness!
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any pus coming out of the insertion site or bleeding (not oozing) that is not relieved by pressure.
- Remember to go for your post-insertion blood work 6 weeks after the insertion.
- Most women will need re-insertions of their pellets 3-4 months after their initial insertion.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for a re-insertion. The charge for the second visit will be only for the insertion and not a consultation unless you would like to discuss treatment and additional hormonal health matters.

Reminders:

Please have your labs rechecked:

() 6 weeks after your insertion

() 2 weeks before your next insertion

() Yearly

*** Return for re-pelleting in 3 months**

Prescriptions:

() DIM _____

Directions _____

() Thyroid _____

Directions _____

() Vitamin D _____

Directions _____

() Other _____

Directions _____

Print Name

Signature

Today's Date



WHAT MIGHT OCCUR AFTER A PELLETT INSERTION

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

- **FLUID RETENTION:** Testosterone stimulates the muscle to grow and retain water which may result in a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and especially during hot, humid weather conditions.
- **SWELLING OF THE HANDS & FEET:** This is common in hot and humid weather. It may be treated by drinking lots of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores) or by taking a mild diuretic, which the office can prescribe.
- **UTERINE SPOTTING/BLEEDING:** This may occur in the first few months after an insertion, especially if your progesterone is not taken properly: i.e. missing doses, or not taking a high enough dose. Please notify the office if this occurs. Bleeding is not necessarily an indication of a significant uterine problem. More than likely, the uterus may be releasing tissue that needs to be eliminated. This tissue may have already been present in your uterus prior to getting pellets and is being released in response to the increase in hormones.
- **MOOD SWINGS/IRRITABILITY:** These may occur if you were quite deficient in hormones and/or imbalanced. They will disappear when hormone levels are optimized.
- **FACIAL BREAKOUT:** Some pimples may arise if the body is very deficient in testosterone. This lasts a short period of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do not help, please call the office for suggestions and possibly prescriptions.
- **HAIR LOSS:** Is rare and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem. Prescription medications may be necessary in rare cases.
- **HAIR GROWTH:** Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower abdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosage adjustment generally reduces or eliminates the problem.

Print Name

Signature

Today's Date