



INTEGRATIVE HEALTH ASSOCIATES

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Consent for Male Testosterone Replacement Therapy

Patient Name: _____ Date of Birth: _____

Although testosterone replacement therapy (TRT) has been utilized safely and effectively for many years, it is still important to discuss potential risks. As with any treatment, there are alternatives, including not receiving the treatment. Please carefully review the information below to ensure that you are doing what is right for you. Your initials next to each statement show that you have read, understand, and agree with each statement.

_____ 1. This is my consent for Integrative Health Associates, including any physician or nurse who works with the company, to begin treatment with testosterone replacement therapy.

_____ 2. It has been explained to me, and I fully understand, that occasionally there are complications with this treatment such as gynecomastia, acne, fat loss, mood swings, and increased estrogen levels.

_____ 3. I understand that I may retain extra fluid in the body, and that this can cause problems for patients with heart, kidney, or liver disease.

_____ 4. Testosterone replacement therapy may cause my LH and FSH levels to be severely limited, which may affect my fertility. If I am attempting to father a child, I realize that this may reduce my chances of conceiving.

_____ 5. I realize that my red blood cell levels, PSA levels, liver function enzymes, cholesterol levels, and other hormone levels, including estrogen, must be monitored with periodic blood tests in order to minimize potential complications. I realize that I must have this testing in order to continue TRT.

_____ 6. I understand that it is my responsibility to be aware of the above complications, and let Integrative Health Associates know if/when I have a concern.

_____ 7. I understand that there is no guarantee as to the result of TRT and that if I stop treatment, my condition may return or get worse.

_____ 8. I have had an opportunity to discuss my complete health history with Integrative Health Associates and its practitioners, including any serious problems. All of my questions concerning the risks, benefits, and alternatives have been answered. I am satisfied with these answers.

_____ 9. I agree to continue having a full physical exam on a yearly basis with my primary care physician, and that this should include a digital rectal exam to examine the prostate, as well as lab testing to include a comprehensive metabolic panel and cholesterol levels.

_____ 10. I agree that TRT works best when accompanied by a healthy lifestyle, including limiting alcohol, not smoking, and eating correctly.

Patient Signature

Date

Witness

Date