

Male New Patient Package

The contents of this package are your first step to restore your vitality.

Please take time to read this carefully and answer all the questions as completely as possible.

Thank you for your interest in BioTE Medical[®]. In order to determine if you are a candidate for bio-identical testosterone pellets, we need laboratory and your history forms. We will evaluate your information prior to your consultation to determine if BioTE Medical[®] can help you live a healthier life. **Please complete the following tasks before your appointment:**

2 weeks or more before your scheduled consultation: Get your blood lab drawn at any Quest Lab, BayCare Lab or LabCorp Lab. IF YOU ARE NOT INSURED OR HAVE A HIGH DEDUCTIBLE, SEE BELOW FOR OUR OFFICE SELF-PAY BLOOD DRAWS. We request the tests listed below. It is your responsibility to find out if your insurance company will cover the cost, and which lab to go to. Please note that it can take up to two weeks for your lab results to be received by our office. Please fast for 12 hours prior to your blood draw.

Your blood work panel MUST include the following tests:

Estradiol	We can also draw your blood in our
Testosterone Free & Total	office and send it to your lab of choice
PSA Total	using your insurance.
TSH	
T4, Total	SELF PAY BLOOD DRAWS in our
T3, Free	office: Pre-pellet: \$150
T.P.O. Thyroid Peroxidase	Post-pellet: \$50
CBC	
Complete Metabolic Panel	
Vitamin D, 25-Hydroxy	
Lipid Panel (Optional) (Must be a fasting blood	draw to be accurate)
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Male Post Insertion I	abs Needed at 4 Weeks:
Estradiol	
Testosterone Free & Total	
PSA Total (If PSA was borderline on first insertio	n)
CBC	
Lipid Panel (Optional) (Must be a fasting blood	draw to be accurate)
TSH, T4 Total, T3 Free, TPO (Only needed if you'	
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Male Patient Questionnaire & History

Name:				10	oday's Date:
(Last)	(First)		(Middle)		
Date of Birth:	Age:	Ht: Wei	ght:	Occupation:	
Home Address:	·				
City:				_ State:	Zip:
Home Phone:		Cell Phone:		Wor	k:
E-Mail Address:			Ma	y we contact you	u via E-Mail?() YES () NO
In Case of Emergency C	Contact:			Relationship):
Preferred Phone Conta	ct:			May v	ve text you? () YES () NO
Primary Care Physician	's Name:			Phone:	
Address:					
Address:	Address		City		State Zip
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Medical History

Nutritional/Vitamin Supplements:	
Surgeries, list all and when:	
Medical Illnesses:	
() High blood pressure.	() Testicular or prostate cancer.
() High cholesterol.	() Elevated PSA.
() Heart Disease.	() Prostate enlargement.
() Stroke and/or heart attack.	() Trouble passing urine or take Flomax or Avodart.() Chronic liver disease (hepatitis, fatty liver, cirrhosis).
() Blood clot and/or a pulmonary emboli.	() Diabetes.
() Hemochromatosis.	() Thyroid disease.
() Depression/anxiety.() Psychiatric Disorder.	() Arthritis.
() Cancer (type):	
Year:	
that I will produce less testosterone from my testicles a in my testosterone production. Testosterone Pellets sh	with any testosterone treatment, including testosterone pellets, and if I stop replacement, I may experience a temporary decrease ould be completely out of your system in 12 months.
that higher than normal physiologic levels may be reach	ned to create the necessary hormonal balance.

MALE HEALTH ASSESSMENT

Which of the following symptoms apply to you currently (in the last 2 weeks)? Please mark the appropriate box for each symptom. For symptoms that do not currently apply or no longer apply, mark "none".

	None	Mild	Modorate	Covoro V	ery sever
Symptoms	(O)	(1)	(2)	(3)	(4)
Sweating (night sweats or excessive sweating)					
Sleep problems (difficulty falling asleep, sleeping through the night or waking up too early)					
Increased need for sleep or falls asleep easily after a meal					
Depressive mood (feeling down, sad, lack of drive)					
Irritability (mood swings, feeling aggressive, angers easily)					
Anxiety (inner restlessness, feeling panicked, feeling nervous, inner tension)					
Physical exhaustion (general decrease in muscle strength or endurance, decrease in work performance, fatigue, lack of energy, stamina or motivation)					
Sexual problems (change in sexual desire or in sexual performance)					
Bladder problems (difficulty in urinating, increased need to urinate)					
Erectile changes (weaker erections, loss of morning erections)					
Joint and muscular symptoms (joint pain or swelling, muscle weakness, poor recovery after exercise)					
Difficulties with memory					
Problems with thinking, concentrating or reasoning					
Difficulty learning new things					
Trouble thinking of the right word to describe persons, places or things when speaking					
Increase in frequency or intensity of headaches/migraines					
Rapid hair loss or thinning					
Feel cold all the time or have cold hands or feet					
Weight gain, increased belly fat, or difficulty losing weight despite diet and exercise					
Infrequent or absent ejaculations					
Total score					

Severity score: Mild: 1-20 / Moderate: 21-40 / Severe: 41-60 / Very severe: 61-80



Testosterone Pellet Insertion Consent Form

Bio-identical testosterone pellets are 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 plant derived 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, pain, reaction to local anesthetic and/or preservatives, 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 and 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; and 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. 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.

rint Name	Signature	Today's Date



Hormone Replacement Fee Acknowledgment

Although more insurance companies are reimbursing patients for the BioTE Medical Hormone Replacement Therapy, there is no guarantee. You will be responsible for payment in full at the time of your procedure.

We will give you paperwork to send to your insurance company to file for reimbursement upon request.

New Patient Consult Fee

Print Name

Male Hormone Pellet Insertion Fee	\$700.00
Male Hormone Pellet Insertion Fee (>2000mg)	\$800.00
We accept the following forms of pay	ment:
Master Card, Visa, Discover, American Express, Person	al Checks and Cash.

\$285.00

Today's Date

Signature