Advance Health Integrative Medicine

INFORMED CONSENT FOR TESTOSTERONE REPLACEMENT THERAPY

The following information is provided to assist you with making an informed decision regarding the use of testosterone therapy. Please review this information and ask any questions that you may have about it.

1. Testosterone is a controlled medication with risks and benefits.

Some potential benefits include:

-Improvement in energy
-Improvements in depressive symptoms
-Improvements in sexual desire
-Increase in muscle mass
-Decrease in fatigue
-Increase in Strength
-Increase in bone density

Some known or suspected risks of testosterone therapy include (but are not limited to):

-Worsening of cholesterol, in particular HDL or ‘good' cholesterol
-Raising of hematocrit (blood thickness)
-Elevated blood pressure
-Blood clots in the legs, lungs, or brain
-Edema (water retention or swelling of arms or legs)
-Increase in cardiovascular or cerebrovascular events
-Lowering of sperm counts, possibly to the point of infertility
-Elevated levels of calcium in the blood
-Worsening of sleep apnea
-Breast tissue growth, swelling, or tenderness
-Acne and male pattern baldness

-Reduced testicular size
-Skin to skin transference to a partner or child (topical therapy) Skin Irritation (with topical use)
-Prostate cancer progression
-Breast cancer progression
-Liver dysfunction
-Interactions with insulin, blood thinners, corticosteroids
-Changes in urinary habits such as increased difficulty urinating
Testosterone therapy requires close monitoring and regular office visits and I therefore agree to have the appropriate laboratory testing and office exams as recommended.

Testosterone therapy may require donating blood (therapeutic phlebotomy) if hematocrit levels become too high, and I agree to donate blood if needed. I also understand that I will only be eligible to continue receiving the medication(s) if I am up to date with my office visits, laboratory work, and any needed blood donations. I certify that I have received and understand this information and had my questions answered. I also understand that I have the option to not take testosterone therapy at any time.

_____

Patient Signature Date

_____ Patient Printed Name