



MINT HEALTH

Pellet Questionnaire & History-Female

Name: _____ Today's Date: _____

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: _____

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.



MINT HEALTH

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.
- () 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.
- () Depression/anxiety.
- () Psychiatric Disorder.

() Cancer (type): _____



MINT HEALTH

SYMPTOM 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:



Female Testosterone and/or Estradiol Pellet Insertion Consent Form

Name: _____ Today's Date: _____

Bio-identical hormone pellets are concentrated hormones, biologically identical to the hormones you make in your own body prior to menopause. Estrogen and testosterone were made in your ovaries and adrenal gland prior to menopause. Bio-identical hormones have the same effects on your body as your own estrogen and testosterone did when you were younger, without the monthly fluctuations (ups and downs) of menstrual cycles. Bio-identical hormone pellets are made from yam and are FDA monitored but not approved for female hormonal replacement. The pellet method of hormone replacement has been used in Europe and Canada for many years and by select OB/GYNs in the United States. You will have similar risks as you had prior to menopause, from the effects of estrogen and androgens, given as pellets. Patients who are pre-menopausal are advised to continue reliable birth control while participating in pellet hormone replacement therapy. Testosterone cannot be given to pregnant women.

My birth control method is: (please circle)

Abstinence Birth control pill Hysterectomy IUD Menopause Tubal ligation Vasectomy Other

CONSENT FOR TREATMENT: I consent to the insertion of testosterone and/or estradiol pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. These side effects are similar to those related to traditional testosterone and/or estrogen replacement. **Surgical risks are the same as for any minor medical procedure.**

Side effects may include: Bleeding, bruising, swelling, infection and pain; extrusion of pellets; hyper sexuality (overactive libido); lack of effect (from lack of absorption); breast tenderness and swelling especially in the first three weeks (estrogen pellets only); increase in hair growth on the face, similar to pre-menopausal patterns; water retention (estrogen only); increased growth of estrogen dependent tumors (endometrial cancer, breast cancer); safety of any of these hormones during pregnancy cannot be guaranteed. Notify your provider if you are pregnant, suspect that you are pregnant or are planning to become pregnant during this therapy, continuous exposure to testosterone during pregnancy may cause genital ambiguity; change in voice (which is reversible); clitoral enlargement (which is reversible). The estradiol dosage that I may receive can aggravate fibroids or polyps, if they exist, and can cause bleeding. 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. Decreased weight. Decrease in risk or severity of diabetes. Decreased risk of heart disease. Decreased risk of Alzheimer's and dementia.

I agree to immediately report to my practitioner's office any adverse reaction or problems that might 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 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

Today's 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.

This practice 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 thrown away. 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.

Female Hormone Pellet Insertion Fee..... \$350.00

We accept the following forms of payment:

Master Card, Visa, Discover, American Express, 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 24 hours. It **must** be removed as soon as it gets wet. 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 be removed in **3 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 **3 days**, this includes running, riding a horse, etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- 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 bleeding not relieved with pressure (not oozing), as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.

Reminders:

- Remember to go for your post-insertion blood work **6 weeks** after the insertion. Your lab orders will be sent to the lab of your choice.
- Most women will need re-insertions of their pellets **4-5 months** after their initial insertion.

Additional Instructions:

I acknowledge that I have received a copy and understand the instructions on this form.

Print Name

Signature

Today's Date

WHAT MIGHT OCCUR AFTER A PELLET 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. They will disappear when enough hormones are in your system.
- **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



Hormone Pellet Dosing Sheet

Name: _____ Age: _____

Weight: _____

Date of last Mammogram: _____

**** If over age 40, MUST be within ONE year or pellet cannot be placed ****

Please read thoroughly. Check ALL that apply. Improper dosing could occur if all appropriate information is not checked.

- Smoke
- Still have period
- History of breast cancer
- Hysterectomy
- Fibrocystic breast disease
- PCOS
- Hashimoto's Thyroiditis
- Currently on thyroid medication
- Currently pregnant
- History of leiomyoma, fibroids, uterine polyps

If you have not had a hysterectomy, what type of birth control do you use?

- Tubal Ligation
- Hormonal: list type: _____
- None

Do you take any hormones? If so, what kind: _____

Do you experience any of the following?

- Acne
- Breast Tenderness
- Facial Hair
- Pre-Menstrual Migraines

Name: _____

Mint Health Hormone Replacement Therapy Guide for Counseling

The topic of hormone replacement therapy (HRT) and its risks and benefits for health have been a source of debate for decades. Most women spend about 1/3 of their lives in menopause, and HRT has the possibility of providing profound benefits to women, but also can pose some very important risks. Recommendations and statements from professional societies and other organizations regarding HRT shift over time based on new data/research, and we feel it is important that you are as up to date as possible on this information.

If you choose to use HRT or not, and the type of HRT you decide upon, is ultimately your decision. As your providers we want to give you access to the variety of options available, as well as counsel you to the best of our ability in helping you make this choice. Below is a summary of the most up to date information that we have-it is extensive, but we want to be as thorough as possible for you! In years past, and in years to come, this information will likely continue to evolve and change based on new data, experiences, and recommendations. Please initial next to each section that you understand the information and your questions have been answered.

_____ Symptoms of menopause can include hot flashes, night sweats, vaginal dryness, sleep disturbance, change in sexual function, and memory and concentration changes. The typical use of HRT as approved by the main professional societies (US Preventative Services Task Force -- USPSTF, American Congress of Ob-Gyn -- ACOG, and North American Menopause Society -- NAMS) is to use the lowest dose for the shortest time for treatment of the first three on the above list. These professional societies also support the use of HRT in women who have had their ovaries surgically removed prior to menopause, or who have entered menopause prior to the average age of 52y/o.

_____ Some women are able to achieve improvements in the symptoms noted above with herbal preparations and non-hormone prescriptions, as well as by improving lifestyle factors such as nutrition, exercise, stress reduction, resolving insulin and blood sugar issues, and using mindfulness activities/meditation.

_____ There are also other potential benefits of HRT for "improved aging" in regard to decreasing risks for cardiovascular disease (CVD), bone loss or osteoporosis (OP), and cognitive decline (CD). While some women may choose to use HRT for these potential benefits, it is important to know that these indications are not officially recommended by professional societies (USPSTF, ACOG, NAMS). Considering how to reduce risks in these areas is important because 1/2 of deaths over 50y/o are related to CVD, 1/3 women >50y/o worldwide experience a fracture from osteoporosis, and dementia disproportionately affects women.

_____ If I desire/choose to use HRT for potential risk reduction for CVD, OP, and CD, the timing of starting and stopping is important. Most available evidence points to starting HRT within 5 years of menopause, and not beyond 10 years of menopause or over 60 years old, as a critical time for possible benefits. Similarly, the time for discontinuing HRT should be considered, typically within up to 10 years. The mechanisms by which HRT can provide potential health benefits can change into health risks as we age into our 60's and beyond.

Mint Health Hormone Replacement Therapy Guide for Counseling

_____ I understand that my risks for CVD, OP, and CD can also be reduced in other ways by non-hormone prescriptions, and lifestyle factors such as nutrition, specific nutrients, exercise, stress reduction, resolving insulin and blood sugar issues, and using mindfulness activities/meditation, just to name a few.

_____ In addition to the potential benefits of hormone replacement, I also understand there can be potential increase in risks for breast cancer, endometrial (uterine lining) cancer, cardiovascular disease in some situations, and dementia (Alzheimer's) in some situations. In choosing to use HRT, I understand I must weight these potential risks against the potential benefits as noted in the sections above, and for the relief of symptoms I may have.

_____ HRT is considered contraindicated and I should not use HRT if I have a history of breast cancer, heart disease, a prior DVT/VTE (blood clot), liver disease, unexplained vaginal bleeding, am at high risk for uterine lining cancer, or have had a TIA (transient ischemic attack).

_____ I am aware that HRT can increase my risk for breast cancer, and this is impacted further by the type of HRT I use and other factors. The other factors that may increase my risk for breast cancer include being overweight or obese, especially if I hold my weight around my mid section; having elevated blood sugar, leptin levels, and/or insulin levels; having dense breast tissue on mammogram, having a family history of breast cancer, and having genetic risk factors for breast cancer.

_____ I am aware that it is recommended to maintain yearly breast screening via mammogram. I am aware if I have dense breast tissue on my mammogram or not, and if I do, I am aware of my Tyrer-Cuzick (IBIS) score, which helps to indicate if my 5-year and life-time risk of breast cancer is average or above average based on breast density and several other factors in my history. If my risk is above average, I am aware I should consider this in my decision to use HRT. Additionally, I should consult with a breast specialist regarding my optional breast screening recommendations, which may include ultrasound and MRI, and other preventative measures.

_____ I am aware that a clean, low glycemic index diet (such as the Mediterranean diet), maintaining a normal BMI (body mass index), limiting alcohol consumption, and regular exercise can decrease my risks for breast cancer. I am also aware that certain nutrients may decrease my breast risks including evening primrose oil, iodine, methylated B vitamins (when indicated), omega-3 fatty acids (quality fish oils), and anti-inflammatories like curcumin and berberine, just to name a few.

_____ I have the option/obligation to not only monitor my levels of hormones in my blood throughout HRT use, but also the choice to utilize other labs to better understand my risks/benefits including checking insulin, glucose, leptin, hs-CRP, and DHEA-s, all of which can be checked in the blood upon my request, but are not "standardly checked" for HRT prescriptions. I also have the option to utilize specialized urine testing to evaluate how my body is breaking down the HRT, which can impact risks/benefits as well. The type of testing we use at Mint Health for this is called the DUTCH Test for Advanced hormone testing. This type of test is not covered by insurance, but can be offered at my request.

_____ The use of compounded HRT is controversial, and the professional societies of USPTFS, ACOG, and NAMS do not support their use. However, some women do choose to use compounded HRT for a variety of reasons. "Bioidentical" hormones of Estradiol and Progesterone are available via my regular pharmacy via a gel or patch for Estradiol, and a pill called Prometrium for Progesterone. Some potential problems that may arise with compounded HRT are not monitoring for contaminants, lack of third party quality assurance testing, and they may not be truly bioidentical.

Mint Health Hormone Replacement Therapy Guide for Counseling

_____ Traditionally HRT includes Estradiol, and possibly Progesterone, and in more recent years renewed attention has been given to Testosterone replacement. There has been increased marketing for and availability of testosterone pellet HRT. While I may choose to use this type of HRT, I understand that there are other more standardly prescribed options for estrogen and progesterone HRT including prescribed oral, topical gel/spray/patch, and vaginal methods. Synthetic estrogen (Premarin) and synthetic progestins are also available as prescriptions through my pharmacy, however these are not typically prescribed at Mint Health due connections to increased breast cancer risks. Mint Health providers also prefer not to prescribe oral estrogen due to increased VTE/DVT (blood clot) risks,

_____ BioTE is a front runner in advertising and promoting testosterone/estrogen pellet HRT. BioTe reports potential benefits to be increased libido, energy, sense of wellbeing, muscle mass and stamina; less headaches, mood swings, anxiety, irritability, and weight; less risk of diabetes, heart disease, and Alzheimer’s/dementia; and an increased risk for breast and endometrial (uterine lining) cancer similar to other HRT. The above is noted in the BioTE consent paper. It is important to note that these potential benefits above are still controversial in the application of testosterone, and data can be conflicting. Some evidence actually reports a higher risk for breast cancer and a higher risk for cardiovascular disease with testosterone therapy.

_____ Testosterone replacement continues to be a controversial topic, and the professional societies do not recommend testosterone therapy except for possibly in the setting of low libido. Furthermore, with low libido, it is first indicated to address issues with sleep, stress, relationships, medications such as anti-depressants, depression, and chronic illnesses.

_____ I am aware that BioTE also supports the use of a variety of other ancillary prescriptions and nutrients, when individually applicable, to support the proposed benefits of the pellet HRT. This includes but is not limited to a healthy diet, exercise, weight management, omega-3 fatty acids (fish oil), EPO (evening primrose oil), DIM, iodine, vitamins A-D-K, probiotics, methyl B vitamins, curcumin, and thyroid hormone replacement.

_____ If I choose to take HRT for potential benefits as discussed above and/or symptom control, it is important to regularly monitor my hormone levels, as well as other lab markers that give me information on understanding HRT risks and benefits for me. It is also important that when I determine to end my use of HRT, I should wean slowly with my provider and not stop HRT suddenly, as stopping suddenly can increase risk for a cardiovascular event in some women. I have read, been given the opportunity to ask questions, and understand all of the above information in regards to my options and decisions surrounding HRT with my provider.

Signature: _____

Date: _____

Provider: _____

Date: _____

Informed Consent for Hormone Replacement Therapy

Because of the rapidly changing ideas about the safety and effectiveness of hormone therapy for anything other than birth control, I feel it is important to be sure that you have information about the risks and benefits of hormone therapy before you take the therapy we have discussed.

Hormone replacement therapy (HRT) is often prescribed to women during perimenopause (the time from first symptoms to up to several years beyond the last period) and menopause (starting one year after the last period) for symptoms of hot flashes, vaginal dryness, loss of libido, depression, irritability or PMS-like symptoms, bone loss and osteoporosis or its prevention, and cardiovascular disease. HRT is approved by the FDA only for hot flashes and osteoporosis. Using it for other symptoms or problems is considered “off-label” use, and the burden is on the physician to be sure that there is adequate science to support the use in a given situation. Needless to say, there will be differences of opinion about how much science is necessary.

It is now thought that the combination of estrogen and progestogens increases the risk of breast cancer over estrogen alone.

Estrogen replacement therapy (ERT) is used primarily for women who have had their uterus removed and for whom estrogen alone does not cause negative symptoms. Use of estrogen alone in the doses most often prescribed in America increase the risk of uterine cancer. In very low doses, estrogen alone may be used without progestogen (progesterone or artificial progestins such as Provera) if adrenal function is healthy. In this case, there is a risk of bleeding, endometrial hyperplasia, or cancer, and you should discuss this with your doctor.

When hormone levels are brought back to “normal” for your age, there is much evidence that your overall health benefits. The risk of osteoporosis and fractures decreases. HRT is the most effective treatment for hot flashes. There may be other long-term beneficial effects of treatment. If your (female sex) hormones are already normal, adding additional hormone to address symptoms such as hot flashes may increase your risk of diseases like cancer or problems like blood clotting.

The current medical thinking is always changing, so it is important to discuss HRT with your doctor each year at your annual exam to find out what the latest thinking is.

Please read the following and sign:

I have discussed the reason for taking female sex hormones with my doctor and understand why he/she is prescribing them and the risks associated with taking hormones, including but not limited to the possibility of an increased risk of breast or endometrial cancer, blood clotting, stroke, or heart attack.

I understand that there are different risks if I take progestogens or testosterone, and they may be higher or lower than taking estrogen alone. I have discussed this risk and the reasons for taking them with my doctor.

I understand that my doctor will do everything he/she knows to do to decrease and minimize the risks of HRT but that there are no guarantees that these measures will be effective at preventing the negative side effects mentioned above or others that we do not yet know about.

I accept the risks and unknowns of taking hormone therapy and wish to have my doctor prescribe them for me.

Signature: _____ Date: _____