

Hormone Treatment Informed Consent

Client's name _____ Date _____

Hormones are generated by your body's endocrine glands and work as messengers to trigger certain tissues or organs to respond in different ways. Hormones can provide particular benefits such as: aid in growth and development, support metabolic activity, stimulate sexual function, help with reproductive purposes, and to enhance your mood. The body is very sensitive to the amount of hormones in the bloodstream and a hormone imbalance can occur if there is too little or too much of the chemical. Sometimes an injection of a particular hormone may be necessary to support normal bodily function.

Hormone Injections and/or Implants are better absorbed by the body. Alternatives to these treatments are Oral Vitamins, Capsules, and Tablets.

Hormone Treatment common side effects include but are not limited to:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, a feeling, or a sense, of being swollen over the entire body, headache and joint pain.
2. If any of these side effects become severe or troublesome I will contact my physician immediately.
3. I understand that although rare Hormone treatments can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Hormone injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of Hormone injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include, but are not limited to:
 - Headache
 - Tiredness
 - Digestive system problems
 - Menopausal symptoms (for females)
 - Effects on your muscles and bones
 - Weight gain
 - Memory problems
 - Mood swings and depression
 - Water retention
 - Indigestion or nausea
 - Sleeplessness
 - Problems getting an erection (for males)
 - Hot flushes and sweating
4. Before starting the Hormone treatments I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.

- Cardiovascular Endocrinology
 - Cancer of any type
 - Growth Disorders
 - Hormone Abuse
 - Menopause
 - Osteoporosis
 - Pituitary Disorders
 - Polycystic Ovary Syndrome
 - Reproductive Endocrinology
 - Thyroid Conditions/Disorders
 - Dependent on intravenous nutrition (TPN) or liquid nutrition products for food
 - Diabetes, mellitus, or high blood sugar levels
 - An unusual or allergic reaction other medicines, foods, dyes, or preservatives
5. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non prescription medications may result in side effects when they interact with the Hormone treatment.
6. Treatments: Will be determined by the provider.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Hormone treatments with the above understood. I hereby release the doctor, the person administering the Hormones, and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____