



## Testosterone Optimization Treatment

### Alternative Treatments

I have been informed about alternative treatments and understand:

1. That we can leave the hormone levels alone.
2. We can use a natural approach such as weight loss and nutrition instead.
3. We can use alternative medications to increase your testosterone levels vs using prescription testosterone.

☐ I understand the alternative treatments and am choosing to consent to the treatment plan prepared for me by Shoals Family Clinic to address the conditions listed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Side Effects and Potential Risks

☐ I acknowledge that common side effects of testosterone replacement are acne, possible balding, enlargement of the prostate, high blood pressure, high libido, enlargement of breast tissue (we will monitor and treat estrogen levels), testicular atrophy, fluid retention, infertility, and an increase in the thickness of your blood (hematocrit) due to the production of red blood cells (this will be monitored and treated as necessary).

☐ I understand that the possible theoretical/possible side effects for men on testosterone replacement can be an acceleration in the growth of prostate cancer, elevations in hematocrit which could potentially predispose one to a blood clot, and cardiovascular disease including heart attacks, strokes, and blood clots.

Most of the side effects resolve with time. Many of these can be treated by changing your testosterone dose and adding other medications.

I acknowledge that I should take extreme precaution if I am to use topical testosterone products. If a child or female is accidentally exposed to topical testosterone, it could cause significant increase in their hormone levels which could result in possible side effects.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Testosterone Optimization Treatment**

### **Informed Consent to Treat**

I hereby give my consent to evaluation and treatment by Shoals Family Clinic, and the providers associated with Shoals Family Clinic for the following specified condition (s):

☐ Andropause or associated symptoms (Including testosterone replacement, manipulating hormone levels including DHEAS and estradiol).

☐ Growth hormone abnormalities including decreased or suboptimal IGF-1, decreased or suboptimal Vitamin D-3 levels.

☐ Nutritional Deficiencies, overweight/obesity, B12 injections and anything else the medical provider deems necessary.

In addition:

I acknowledge that treatment with testosterone, growth hormone stimulators, bioidentical hormone replacement therapy, B12, and thyroid optimization are considered off label use of the associated medications and have not been FDA approved for the use of health optimization, wellness, weight loss and/or for anti-aging purposes unless there is a true medical necessity.

I agree to the administration of hormone replacement therapy, and/or nutritional supplements, and/or drugs designed to alter hormone levels which will meet my specific treatment objectives and to treat any specific diagnoses I have.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Testosterone Optimization Therapy**

1. Labs and initial visit will be billed to insurance. If insurance does not cover the cost of the visit and/or labs, the patient is responsible.
2. There is a monthly membership fee of \$50.
3. Follow up visits may be in office or phone visits. Any patient on Testosterone therapy is required to have an appointment every 3 months due to controlled medications.
4. Lab work is required every 3 months as long as you receive Testosterone therapy.
5. Testosterone prescriptions will be sent to your pharmacy and will likely be cash pay. We offer in-office administration for \$10 to administer your medication or \$25 to administer office stock medication.
6. Add-ons are available: Nutrafol, B12, and/or peptides. Weight loss appointments are available also.



## ADAM Questionnaire

	Yes	No
Do you have a decrease in libido (sex drive)?		
Do you have a lack of energy?		
Do you have a decrease in strength and/or endurance?		
Have you lost height?		
Have you noticed a decreased "enjoyment of life"?		
Are you sad and/or grumpy?		
Are your erections less strong?		
Have you noticed a recent deterioration in your ability to play sports?		
Are you falling asleep after dinner?		
Has there been a recent deterioration in your work performance?		

If you answer Yes to number 1 or 7 or if you answer Yes to more than 3 questions, you may have low Testosterone.

Signs and Symptoms of low Testosterone:

- ~ low motivation
- ~lack of spontaneous and morning erections
- ~low libido
- ~Erectile dysfunction, softer erections
- ~depression
- ~fatigue
- ~weight gain and muscle loss
- ~high pitched voice
- ~decreased amount of body hair
- ~increased recovery times