BIOTE FEMALE HEALTH HISTORY & SYMPTOMS

PATIENT INFORMATION

Name:

Date:

Date of Birth:

Age:

Weight:

Height:

PATIENT QUESTIONS

Currently pregnant or trying to conceive? ☐ Yes ☐ No

Date of last mammogram:

Had menstrual cycle (within last 12 months)? ☐ Yes ☐ No

Date of last menstrual cycle:

Had endometrial ablation? ☐ Yes ☐ No

Is the patient on birth control? ☐ Yes ☐ No

Name of birth control:

Has the patient had a hysterectomy? ☐ Yes ☐ No

If so, type of hysterectomy: ☐ Complete (uterus and ovaries removed) ☐ Partial (uterus only removed)

Is the patient currently utilizing BHRT or HRT? ☐ Yes ☐ No

If yes, select types of Hormones: ☐ Testosterone ☐ Progesterone ☐ Estrogen ☐ Thyroid

List Name and Dose of Hormone(s):

Is the patient currently on statins? ☐ Yes ☐ No

Is the patient a smoker? ☐ Yes ☐ No

Is the patient currently on oral nitrates? ☐ Yes ☐ No

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MEDICAL HISTORY

Select all that apply:

Cardiovascular Conditions:

- ☐ Heart Attack or Stroke (within last 6 months)
- ☐ DVT or Blood Clot (within last 6 months)
- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Obstructive Sleep Apnea
- ☐ Atrial Fibrillation
- ☐ Tachycardia

Cancer:

- ☐ Breast Cancer or History of Breast Cancer
- ☐ Endometrial Cancer
- ☐ Cervical Cancer
- ☐ Ovarian Cancer
- ☐ Thyroid Cancer or History of Thyroid Cancer
- ☐ Meningioma
- ☐ Except for Basal Cell Carcinoma any Other Cancers?

Gynecological Conditions:

- ☐ Pre-Menstrual Syndrome
- ☐ Endometriosis or History of Endometriosis
- ☐ Fibrocystic Breast Disease
- ☐ Fibroids or History of Fibroids
- ☐ Polyps or History of Endometrial Polyps

Neurological Conditions:

- ☐ Epilepsy or Seizure Disorder
- ☐ Depression/Anxiety

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MEDICAL HISTORY

Endocrine and Metabolic:

- [ ] PCOS
- [ ] Diabetes Type 2 or Insulin Resistance
- [ ] Hyperthyroid
- [ ] Hypothyroid
- [ ] Multiple Endocrine Neoplasia Type-2

Autoimmune Conditions:

- [ ] Diabetes Type 1
- [ ] Hashimoto's Thyroiditis
- [ ] Graves' Disease
- [ ] Rheumatoid Arthritis
- [ ] Multiple Sclerosis
- [ ] Systemic Lupus (Erthematosus)
- [ ] Psoriasis
- [ ] IBS (Irritable Bowel Syndrome)
- [ ] Crohn's Disease
- [ ] Ulcerative Colitis

Organ Specific Conditions:

- [ ] Liver Disease or History of Liver Disease
- [ ] Kidney Disease or History of Kidney Disease
- [ ] LAM (Lymphangioleiomyomatosis)
- [ ] Osteoporosis or Osteopenia
- [ ] HIV
- [ ] Hepatitis
- [ ] Hemochromatosis
- [ ] Pancreatitis or History of Pancreatitis
- [ ] History of or Gall Bladder Disease

SYMPTOMS AND CONCERNS

Select all that apply:

- [ ] Hot Flashes
- [ ] Night Sweats
- [ ] Vaginal Dryness
- [ ] Decreased Interest in Sex
- [ ] Inability To or Delayed Orgasm
- [ ] Painful Intercourse
- [ ] Urinary Incontinence
- [ ] Frequent Urinary Tract Infection
- [ ] Breast Tenderness
- [ ] Weight Gain
- [ ] Hair Loss
- [ ] Hair Thinning
- [ ] Thinning Eyebrows
- [ ] Cold Hands or Feet
- [ ] Brittle Nails
- [ ] Dry or Flaking Skin
- [ ] Lack of Energy (Fatigue)
- [ ] Decreased Muscle Mass
- [ ] Acne
- [ ] Facial Hair
- [ ] Dry Eyes
- [ ] Joint Pain
- [ ] Difficulty Sleeping
- [ ] Mind Racing at Bedtime

HIPAA Information and Consent Form

Name:

Date of Birth:

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a “friendly” version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient’s condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete, or modify any of these provisions to better serve the needs of both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA information form and any subsequent changes in office policy. I understand that consent shall remain in force from this time forward.

Patient Name:

Date:

Signature:

Hormone Replacement Fee Acknowledgment & Insurance Disclaimer

Name:

Date of Birth:

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 (esthetic medicine) and therefore is not covered by health insurance in most cases.

Silver Creek Family Practice, PLLC is not associated with any insurance companies for hormone therapy, which means they are not obligated to pay for our services (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.

FEES

New Patient Consultation	**Free**
Female Hormone Pellet Insertion Fee	**$435**

We accept the following forms of payment.

Cash, Visa, Debit, Master Card, American Express, HAS, and Care Credit

Patient Signature:

Date: