

TOTAL HEALTH



MALE PATIENT QUESTIONNAIRE & HISTORY

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Weight: _____ 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: _____

Address: _____
(Address) (City) (State) (Zip)

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.
- () I have used steroids in the past for athletic purposes.

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.

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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: _____

Other Pertinent Information: _____

Medical Illnesses:

- | | |
|--|---|
| <input type="checkbox"/> High blood pressure. | <input type="checkbox"/> Trouble passing urine or take Flomax or Avodart. |
| <input type="checkbox"/> High cholesterol. | <input type="checkbox"/> Chronic liver disease (hepatitis, fatty liver, cirrhosis). |
| <input type="checkbox"/> Hypertension. | <input type="checkbox"/> Diabetes. |
| <input type="checkbox"/> Heart disease. | <input type="checkbox"/> Thyroid disease. |
| <input type="checkbox"/> Stroke and/or heart attack. | <input type="checkbox"/> Arthritis. |
| <input type="checkbox"/> Blood clot and/or a pulmonary emboli. | <input type="checkbox"/> Depression/anxiety. |
| <input type="checkbox"/> Arrhythmia. | <input type="checkbox"/> Testicular or prostate cancer. |
| <input type="checkbox"/> Any form of Hepatitis or HIV. | <input type="checkbox"/> Elevated PSA |
| <input type="checkbox"/> Lupus or other auto immune disease. | <input type="checkbox"/> Prostate Enlargement |
| <input type="checkbox"/> Fibromyalgia. | <input type="checkbox"/> Cancer (type): _____ |
| | Year: _____ |
| | <input type="checkbox"/> Other: _____ |

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

Print Name

Signature

Today's Date

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Symptom Checklist for Men

Name _____

Date: _____

E-Mail: _____

| Symptom (please check mark) | Never | Mild | Moderate | Severe |
|--|-------|------|----------|--------|
| Decline in general well being | | | | |
| Fatigue | | | | |
| Joint pain/muscle ache | | | | |
| Excessive sweating | | | | |
| Sleep problems | | | | |
| Increased need for sleep | | | | |
| Irritability | | | | |
| Nervousness | | | | |
| Anxiety | | | | |
| Depressed mood | | | | |
| Exhaustion/lacking vitality | | | | |
| Declining Mental Ability/Focus/Concentration | | | | |
| Feeling you have passed your peak | | | | |
| Feeling burned out/hit rock bottom | | | | |
| Decreased muscle strength | | | | |
| Weight Gain/Belly Fat/Inability to Lose Weight | | | | |
| Breast Development | | | | |
| Shrinking Testicles | | | | |
| Rapid Hair Loss | | | | |
| Decrease in beard growth | | | | |
| New Migraine Headaches | | | | |
| Decreased desire/libido | | | | |
| Decreased morning erections | | | | |
| Decreased ability to perform sexually | | | | |
| Infrequent or Absent Ejaculations | | | | |
| No Results from E.D. Medications | | | | |

Family History

| | NO | YES |
|---------------------|----|-----|
| Heart Disease | | |
| Diabetes | | |
| Osteoporosis | | |
| Alzheimer's Disease | | |

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MALE NEW PATIENT PACKAGE

The contents of this package are your first step to restore your vitality.
Please take time to read this carefully and answer all the questions as completely as possible.

Thank you for your interest in BioTE Medical®. In order to determine if you are a candidate for bio-identical testosterone pellets, we need laboratory and your history forms. We will evaluate your information prior to your consultation to determine if BioTE Medical® can help you live a healthier life. **Please complete the following tasks before your appointment:**

2 weeks or more before your scheduled consultation: Get your blood labs drawn at any CPL, Quest or LabCorp location. **IF YOU ARE NOT INSURED OR HAVE A HIGH DEDUCTIBLE, CALL OUR OFFICE FOR SELF-PAY BLOOD DRAWS.** We request the tests listed below. It is your responsibility to find out if your insurance company will cover the cost, and which lab to go to. **Please note that it can take up to two weeks for your lab results to be received by our office. Please fast for 12 hours prior to blood draw.**

Your blood work panel MUST include the following tests:

- Estradiol
- Testosterone Free & Total
- PSA Total
- TSH

- T4, Total
- T3, Free
- T.P.O. Thyroid Peroxidase
- CBC
- Complete Metabolic Panel
- Vitamin D, 25-Hydroxy (Optional)
- Vitamin B12 (Optional)
- Lipid Panel (Optional) **(Must be a fasting blood draw to be accurate)**

Male Post Insertion Labs Needed at 4, 6 or 8 Weeks based on your practitioner's choice:

- Estradiol
- Testosterone Free & Total
- PSA Total (If PSA was borderline on first insertion)
- CBC
- TSH, T4 Total, Free T3, TPO **(Needed only if you've been prescribed thyroid medication)**
- Lipid Panel (Optional) **(Must be a fasting blood draw to be accurate)**

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LAB REQUEST (MALE)

Dear Patient:

This is our generic lab form we have sent you to obtain your labs for your physician. Please take this form to your doctor so your insurance may cover it. It is important to have them include all the information on this lab request form and to include Our Physician's name as well. This way we will be sure to obtain a copy of the lab work which we will need for your office visit. Thank you!

Special note: If you are a Medicare/HMO patient, it is important that you ask your current Medicare/HMO provider to fill out their lab form with our necessary lab work. This way Medicare/ HMO may cover your lab work charges.

Patient Name: _____ Date of Birth: _____

Please have these labs performed and faxed to: _____ FASTING () YES () NO

() PRE-TREATMENT LEVELS

- ESTRADIOL, TESTOSTERONE - Both FREE & TOT
- PSA
- TSH, TOTAL T4, FREE T3, T.P.O.
- CBC
- CMP

-
- VITAMIN B-12
 - VITAMIN D, 25 HYDROXY
 - LIPID PROFILE (optional)
- ICD10: E03.4, E07.89, E34.9

() POST-TREATMENT LEVELS

- TOTAL TESTOSTERONE
- ESTRADIOL
- LIPID PROFILE (optional)
- ICD10: E03.4, E07.89, E34.9

Signature

Doctors Name

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821 North Nolan River Road
Cleburne, Texas 76033 | 817-556-2000



Commonly Asked Questions

Q. What is BioTE®?

A. BioTE® is a Bio-Identical form of hormone therapy that seeks to return the hormone balance to youthful levels in men and women.

Q. How do I know if I'm a candidate for pellets?

A. Symptoms may vary widely from depression and anxiety to night sweats and sleeplessness for example. You will be given a lab slip to have blood work done which will determine your hormone levels. Once the doctor reviews and determines you are a candidate we will schedule an appointment for insertion.

Q. Do I have blood work done before each Treatment?

A. No, only initially and 4-8 weeks later to set your dosing. You may have it done again if there are significant changes.

Q. What are the pellets made from?

A. They are made from wild yams and soy. Wild yams and soy have the highest concentration of hormones of any substance. There are no known allergens associated with wild yams and soy, because once the hormone is made it is no longer yam or soy.

Q. How long will the treatment last?

A. Every 3-6 months depending on the person. Everyone is different so it depends on how you feel and what the doctor determines is right for you. If you are really active, you are under a lot of stress or it is extremely hot your treatment may not last as long. Absorption rate is based on cardiac output.

Q. Is the therapy FDA approved?

A. What the pellets are made of is FDA approved and regulated, the process of making pellets is regulated by the State Pharmacy Board, and the distribution is regulated by the DEA and Respective State Pharmacy Boards. The PROCEDURE of placing pellets is NOT an FDA approved procedure. The pellets are derived from wild yams and soy, and are all natural and bio-identical. Meaning they are the exact replication of what the body makes.

Q. How are they administered?

A. Your practitioner will implant the pellets in the fat under the skin of the hip. A small incision is made in the hip. The pellets are inserted. No stitch is required.

Q. Does it matter if I'm on birth control?

A. No, the doctor can determine what your hormone needs are even if you are on birth control.

Q. Are there any side effects?

A. The majority of side effects is temporary and typically only happens on the first dose. All are very treatable. There are no serious side effects.

Q. What if I'm already on HRT of some sort like creams, patches, pills?

A. This is an easy transition. The doctor will be able to determine your needs even though you may be currently taking these other forms of HRT.

Q. What if I've had breast cancer?

A. Breast cancer survivors and/or those who have a history of breast cancer in their family may still be a candidate; however, this is to be determined by the physician. You should schedule a consultation with the Doctor.