



Male New Patient Packet

The contents of this package are your first step to restoring your vitality.

Please take time to read this carefully and answer all the questions as completely as possible.

We look forward to partnering with you to help you feel your best again.



Male Patient Questionnaire & History

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

Date of Birth: _____ Age: _____ Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-Mail Address: _____

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 () Widower () 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:

Sexual Preference: () Male () Female () Both

() 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 _____ a day.

() I drink alcoholic beverages _____ per week.

() I drink more than 10 alcoholic beverages a week.

() I use caffeine _____ a day.



Medical History

Any known drug allergies: _____

Have you ever had any issues with anesthesia? () Yes () No

If yes please explain: _____

Current Medications: _____

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"/> Testicular or prostate cancer |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Elevated PSA |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Prostate enlargement |
| <input type="checkbox"/> Stroke and/or heart attack | <input type="checkbox"/> Trouble passing urine or take Flomax or Avodart |
| <input type="checkbox"/> Blood clot and/or a pulmonary emboli | <input type="checkbox"/> Chronic liver disease (hepatitis, fatty liver, cirrhosis) |
| <input type="checkbox"/> Hemochromatosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Psychiatric Disorder | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cancer (type): _____ | |
| Year: _____ | |

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



BHRT CHECKLIST FOR MEN

Symptom (please check mark)	Never	Mild	Moderate	Severe
Decline in general well being <small>(general state of health)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain/muscle ache <small>(lower back/joint/limb pain)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive sweating <small>(sudden episodes/hot flash)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems <small>(difficulty falling/staying asleep/wake up tired)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased need for sleep <small>(feel tired often)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability <small>(aggressive/easily upset/moody)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness <small>(inner tension/restlessness)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety (feeling panicky) Depressed mood <small>(feeling down/sad/lack of drive/nothing of any use)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaustion/lacking vitality <small>(decreased performance & activity/lack of interest/motivation)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declining Mental Ability/Focus/Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling you have passed your peak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling burned out/hit rock bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased muscle strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Gain/Belly Fat/Inability to Lose Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrinking Testicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Hair Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in beard growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased desire/libido	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased morning erections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased ability to perform sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent or Absent Ejaculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Results from E.D. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other symptoms that concern you:



Testosterone Pellet Insertion Consent Form

Bio-identical testosterone pellets are concentrated, compounded hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made in your testicles prior to “andropause”. Bio-identical hormones have the same effects on your body as your own testosterone did when you were younger. Bio-identical hormone pellets are made from yams and bio-identical hormone replacement using pellets has been used in Europe, the US, and Canada since the 1930s. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During andropause, the risk of not receiving adequate hormone therapy can outweigh the risks of replacing testosterone.

Risks of not receiving testosterone therapy after andropause include but are not limited to: Arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased overall inflammatory processes, dementia and Alzheimer’s disease, and many other symptoms of aging.

CONSENT FOR TREATMENT: I consent to the insertion of testosterone pellets in my hip by Dr. Lisa M. Jukes and/or her providers. I have been informed that I may experience any of the complications to this procedure as described below. **Surgical risks are the same as for any minor medical procedure.**

Side effects may include: Bleeding, bruising, swelling, infection and pain; foreign body reaction; lack of effect (typically from lack of absorption); thinning hair; male pattern baldness; increased growth of prostate and prostate tumors; extrusion of pellets; Hyper sexuality (overactive libido); ten to fifteen percent shrinkage in testicle size. There can also be a significant reduction in sperm production.

There is some risk, even with natural testosterone therapy, of enhancing an existing current prostate cancer to grow more rapidly. For this reason, a prostate specific antigen blood test is to be done before starting testosterone pellet therapy and will be conducted each year thereafter. If there is any question about possible prostate cancer, a follow-up with an ultrasound of the prostate gland may be required as well as a referral to a qualified specialist. While urinary symptoms typically improve with testosterone, rarely they may worsen, or worsen before improving. 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 (secondary to hormonal decline); decreased weight (increase in lean body mass); decrease in risk or severity of diabetes; decreased risk of heart disease. Decreased risk of Alzheimer’s and dementia; decreased risk of heart disease in men less than 75 years old with no pre-existing history of heart disease.

On January 31, 2014, the FDA issued a Drug Safety Communication indicating that the FDA is investigating risk of heart attack and death in some men taking FDA approved testosterone products. The risks were found in men over the age of 65 with pre-existing heart disease and men over the age of 75 with or without pre-existing heart disease. These studies were performed with testosterone patches, testosterone creams, and synthetic testosterone injections and did not include subcutaneous hormone pellet therapy.

I agree to immediately report to my practitioner’s office any adverse reactions or problems that may 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 of my questions answered. Furthermore, I have not been promised or guaranteed any specific benefits from the administration of bio-identical therapy. I certify that this form has been fully explained to me, and I have read it or have had it read to me and I understand its contents. 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

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 Nurse Practitioners, insurance companies do not usually recognize these therapies as medically necessary. Lisa M. Jukes M.D. Wellness Center is not affiliated with any insurance companies, so we will not correspond with your insurance for charges associated with hormone pellets or supplements. Likewise, insurance companies are not contractually bound to pay for these services.

Charges for consults, follow-up visits, and lab work may be filed to your insurance as standard office services. However, we cannot guarantee coverage of diagnoses related to hormone replacement. You should check with your insurance company to see if services related to hormones, fatigue, and sexual dysfunction are covered by your plan. **The hormone pellets are not billable to insurance, even if these diagnoses are covered.** If you choose not to file any of our services with your insurance, office visits and lab work will be charged at our standard self-pay prices.

Pelleting Services and Supplements			
Female Hormone Pellet_____	\$300.00	Male Hormone Pellet (<2000mg)_____	\$600.00
		Male Hormone Pellet (≥2000mg)_____	\$700.00
Female Pellet Insertion Fee_____	\$25.00	Male Pellet Insertion Fee_____	\$50.00
DIM-Core Dietary Supplement (60)_____	\$25.00	BioTE Probiotic_____	\$17.00
DIM-Core Dietary Supplement (120)_____	\$50.00	BioTE Iodine Plus_____	\$32.00
Evening Primrose Oil_____	\$30.00	BioTE A/D/K_____	\$30.00
Vitamin D3 Liquid_____	\$16.00	Vitamin D PLUS_____	\$25.00
“B” Your Best_____	\$20.00	Ultimate Floramax_____	\$35.00
Love Your Lipids_____	\$29.50	COCO-Q10_____	\$19.00

Private Pay Office Services			
New Patient Consult Fee_____	\$250.00	Mid-level Office Visit_____	\$133.00
Transfer Fee (existing BioTE client)_____	\$100.00	High-level Office Visit_____	\$196.00
Female Hormone Blood Panel_____	\$127.37	Male Hormone Blood Panel_____	\$184.87

At your request, we can provide a receipt which details the services provided and their costs. If you have access to a Health Savings Account (HSA) or Flexible Spending Account (FSA), you can use this receipt to provide proof of payment.