

MIDWEST INTEGRATIVE HEALTH LLC

MIH - TRT Consent

TRT Consent Form

Patient consent for Hormone Restoration and Treatment with Midwest Integrative Health, LLC.

Please read the questions carefully and answer appropriately.

If you have any questions, please feel free to ask us. By signing below, you acknowledge that you understand the following statements:

TRT Consent

It is important to understand that medicine is not an exact science. Although we will carry out your therapy carefully, results can vary in their degree of success. It's quite natural for a client undergoing testosterone replacement therapy to want to know that everything will turn out all right. Most of the time it will be fine; however, it is necessary to discuss the potential risks.

It is very important for you to be aware of the potential risks, as well as the benefits, expected from Testosterone Replacement Therapy.

You should also be aware of the alternatives, including not receiving the treatment.

It is important that you consider the information we have provided to you. Be sure that you are doing what is right for you. If you are unsure how you want to proceed, then perhaps you should take some time to weigh your options or consult another health care provider for a second opinion.

Patient Rights:

1. If you are late or miss your appointment, you will be subject to a \$100 fee for any initial visit or \$50 for any follow-up visit.
2. Services must be paid for at the time of service.
3. Midwest Integrative Health, LLC is a cash-pay clinic only. We do not work with or bill to any insurance company.
4. Testosterone is considered a controlled substance. You agree that you will take your medications as prescribed. You further agree to follow your providers guidance. You also agree that you will not sell or share your prescriptions to other individuals.
5. You understand that treatments used at Midwest Integrative Health, LLC might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life through hormone restoration, nutritional and supplemental counseling, and possibly weight loss management.
6. You agree that if you are having any severe side effects or if you become sick, that you will follow up with your primary care provider or go to an urgent care or emergency department.
7. You acknowledge that Midwest Integrative Health, LLC and Jessica Thorman, APRN, FNP-C are not your primary care provider unless you have been enrolled into a Direct Primary Care Membership. You agree that you will continue with routine care through your primary care provider and notify them of treatments prescribed at Midwest Integrative Health, LLC.
8. You understand that there are NO refunds for services or products rendered. We cannot accept back used (or even unused) medications once they have been dispensed per state regulation.
9. You understand that having an appointment with Midwest Integrative Health, LLC does not necessarily entitle you to being prescribed a testosterone prescription. Every individual is different and it is at the providers discretion to issue a testosterone prescription based on the initial consult, your past medical history and/or any significant family history.
10. You understand that you must maintain your follow up appointments to remain on treatment. It is important that lab work is

monitored regularly for safety purposes. It is important that Jessica Thorman, APRN, FNP-C manages your treatment and dose and it is at their discretion to provide the prescribed treatment.

11. You acknowledge that you have been advised of the risks and benefits of treatment. You also acknowledge that you have been advised of possible complications and side effects. You understand the risks, benefits, complications, and side effects of treatment and you elect to proceed with hormone restoration and treatment services.

12. You are voluntarily requesting treatment with Midwest Integrative Health, LLC and Jessica Thorman, APRN, FNP-C in regards to hormone replacement therapy and additional treatment modalities as determined by a mutual decision between yourself and the provider even if your hormone levels are considered to be in normal range for your age based off of other medical society recommendations and guidelines.

13. You do not hold any practitioner of Midwest Integrative Health, LLC responsible for performing prostate cancer screening, colon cancer screening, digital rectal exams, or other age-related preventive care. You agree that you will follow-up with your primary care provider to obtain these screenings and you hold Midwest Integrative Health, LLC and Jessica Thorman, APRN, FNP-C harmless if an adverse event occurs during your treatment. You will ensure that your primary care provider provides the results of such screenings to Midwest Integrative Health, LLC as this could change the treatment prescribed to you.

*****This is my consent for my practitioner, including any physician, nurse or clinician who works with my practitioner, to initiate treatment for Testosterone Replacement Therapy*****

Potential Benefits of Testosterone Replacement Therapy includes:

- *Improved testosterone levels*
- *Improved energy levels*
- *Improved cognition and brain fog*
- *Improved strength and endurance*
- *Improved lean body mass*

Potential alternatives to Testosterone Replacement Therapy includes:

- *Declining treatment altogether*
- *Testosterone enhancing supplements*
- *Medications such as Clomid*

It has been explained to me and I fully understand that sometimes there are complications with this treatment such as:

- *Acne-like breakouts*
- *Mood swings*
- *Increased blood pressure*
- *Thickening of your blood requiring therapeutic phlebotomy*
- *Extra fluid in the body - This can cause problems for patients with heart, kidney or liver disease.*
- *Sleep disturbance - This is more likely to occur with clients who have lung disease or overweight.*
- *Prostate enlargement - This may cause problems with urinating.*
- *Breast enlargement*
- *Fluctuations in blood glucose levels of diabetics*
- *Changes in cholesterol levels, red blood cell levels, PSA, liver function enzymes and other hormone levels which may be monitored with periodic blood tests.*

You understand there is no guarantee as to the result of testosterone replacement therapy and that if you stop treatment, your symptoms may return or get worse.

You understand that Testosterone has been associated with stimulating certain PROSTATE CANCERS and male breast cancers.

You understand Testosterone may increase the effects of steroids and anticoagulants, therefore, increasing the risk of edema, heart failure, or bleeding tendencies. Testosterone may also increase the risk of sleep apnea. You agree to follow up with your primary care provider if any of these complications develop.

You understand that Testosterone may decrease your fertility/ability to reproduce. If < 35 years old, you agree to follow up with your primary care physician for a full evaluation to rule out underlying medical issues as well as yearly follow-ups after initiating TRT.

You give permission for a representative of your practitioner to obtain samples of your blood for testing as needed throughout the course of your Testosterone Replacement Therapy treatment in order to monitor said therapy. You understand that a confidential copy of the test results will be provided to you upon request.

You give permission for a representative of your practitioner to contact your primary care physician if, at any time during the course of your therapy, further treatment is needed outside of the services provided to you. You also understand that your practitioner will not share any of your personal information with anyone without your written or verbal permission.

You understand that your practitioner does not provide emergency after hours services and that in the event you have a medical emergency, you should contact 911/EMS for assistance.

You understand that the screening performed at your practitioner's office to initiate TRT does NOT replace a complete physical exam by your personal physician. You agree to have a yearly comprehensive physical exam (as determined by your provider) in order to adequately monitor the effects of TRT. You agree to provide copies of this evaluation to your practitioner. If you do not have a personal physician/practitioner, your practitioner will assist in locating one. You understand and accept that it is your responsibility to have said yearly exam performed and that your practitioner reserves the right to refuse services in the event that you do not satisfy the TRT program criteria.

You understand that the costs associated with TRT services include:

\$299 initial evaluation fee (includes Testosterone, initial lab analysis and comprehensive visit)

\$199 follow-up evaluation fee (includes Testosterone and brief visit)

\$70 follow-up lab fee

\$15-\$300 varied fee depending on any additional supplements or medications you choose to take as recommended to you by your practitioner.

**** There are NO refund whatsoever for any TRT initial visit, follow-up visit, lab fees or any medication or supplement fees**

***** Follow-up visits are required every 8 weeks and follow-up labs are required every 16 weeks until labs are considered to be stable per the TRT protocol, then labs can be completed 1-2x yearly *****

All of your questions concerning the risks, benefits, and alternatives have been answered and you are satisfied with the information and wish to proceed.

BY SIGNING BELOW, YOU ACKNOWLEDGE AND CERTIFY THAT YOU HAVE READ AND UNDERSTAND THE TRT CLINIC POLICY FOR MIDWEST INTEGRATIVE HEALTH AND THAT YOU ARE SIGNING THIS CONSENT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE -

Date

