

## Male Hormone Replacement Targeted History

Do you have any of the following issues?

Elevated PSA  Yes  No

If yes, please indicate the date and results: \_\_\_\_\_

Secondary Polycythemia  Yes  No

If yes, please indicate the CBC date and results: \_\_\_\_\_

Past Heart Attack  Yes  No

If yes, please explain: \_\_\_\_\_

Liver Disease  Yes  No

Renal Disease  Yes  No

Sleep Apnea  Yes  No

If yes, please explain: \_\_\_\_\_

Congestive Heart Failure  Yes  No

If yes, please explain: \_\_\_\_\_

Have you had a DVT (blood clots in leg)

or a stroke?  Yes  No

If yes, please provide some details: \_\_\_\_\_

Do you have psychiatric conditions or take

medications to control your moods?  Yes  No

If yes, please indicate which psychiatric conditions and/or medications:

\_\_\_\_\_

Do you have any allergies to anesthetics,

iodine, hormones, or Latex?  Yes  No

If yes, please list: \_\_\_\_\_

Do you use recreational drugs, medications for

sleep, or routine use of pain meds?  Yes  No



Are you taking aspirin, NSAIDs, blood thinners,  
or being treated for coagulation? Yes No

Do you have any autoimmune disorders like  
lupus, vasculitis, diabetes, multiple sclerosis,  
or rheumatoid arthritis? Yes No

If yes, please indicate which one: \_\_\_\_\_

#### ADAM Rating Scale

Do you have a decrease in libido (sex drive)? \* Yes No

Do you have a lack of energy? Yes No

Do you have a decrease in strength  
and/or endurance? Yes No

Have you lost height? Yes No

Have you noticed a decreased  
'enjoyment of life'? Yes No

Are you sad or grumpy? Yes No

Are your erections less strong? \* Yes No

Have you noted a recent deterioration  
in your ability to play sports? Yes No

Are you falling asleep after dinner? Yes No

Has there been a recent deterioration  
in your work performance? Yes No

\*NOTE: A positive questionnaire result is defined as a "yes" answer to questions 1 or 7  
or any 3 other questions

Total: \_\_\_\_\_

## Male Patient Bloodwork Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Fasting:       Yes       No

<input type="checkbox"/> Pre-Insertion Labs <ul style="list-style-type: none"> <li>• Estradiol</li> <li>• Total &amp; Free Testosterone***</li> <li>• Lipid Panel</li> <li>• Comprehensive Metabolic Panel</li> <li>• DHEA</li> <li>• TSH</li> <li>• Free T4 &amp; T3</li> <li>• Complete Blood Count*</li> <li>• Homocysteine</li> <li>• C-Reactive Protein</li> <li>• PSA &amp; Percentage of Free PSA**</li> </ul>	<input type="checkbox"/> Post-Insertion Labs <ul style="list-style-type: none"> <li>• Estradiol</li> <li>• Total &amp; Free Testosterone***</li> <li>• DHEA</li> <li>• Complete Blood Count*</li> <li>• PSA &amp; Percentage of Free PSA**</li> </ul>
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\* If HCT is close to 50, repeat before next insertion. If hematocrit is 53 or greater suggest donation of 2 units of blood.

\*\*If PSA is borderline and less than 4, repeat after each insertion. If greater, refer to a Urologist.

\*\*\*If testosterone levels are greater than 1500, repeat levels prior to next insertion.



## Male Pellet Insertion Consent

**General:** Bio-identical hormone pellets are naturally derived concentrated hormones in a compressed form, which are biologically identical to an individual's naturally occurring hormones. These have been successfully used since the 1930s and provide a longer acting alternative to other hormone combinations such as tablets, patches, creams, or injections.

**Benefits:** Testosterone replacement has been studied through the years and found to have many beneficial effects such as increased libido, resurgence of early morning erections, increased firmness, improved bone density and muscle mass, better energy levels, and an overall increased sense of well-being. It also offers some cardio-protective effects, especially in men under 65.

**Side Effects:** Hormone related side effects and risks are generally applicable to the use hormones of, regardless of the mode of delivery. These may include thinning of hair, shrinkage in testicular size, and decreased sperm counts. Less common issues can be related to secondary polycythemia (increase concentration of the blood), swelling in feet and hands, worsening of benign prostatic hypertrophy, obstructive sleep apnea, or cardiac and hepatic changes. Procedure related complications may include infection, bleeding, bruising, swelling, pain, extrusion, or scarring. Surgical risks are the same as for any minor medical procedure and include those described above.

**Contraindications:** Potential contraindications include embolism, chronic heart failure, stroke, liver problems, kidney disease, prostate or breast cancer, and secondary polycythemia. Each man will be evaluated to determine appropriateness for hormone therapy prior to initiating hormone pellet therapy.

**Minimizing risk:** An important part of minimizing potential complications is understanding risk. This will be done by getting baseline labs and doing a simple physical exam. These will include assessment of prostate antigens, CBC, metabolic panel, and hormone levels. These will be repeated annually. As you continue to use hormone therapy, it will be important to keep your provider aware of any changes that may affect your response to hormones. This may include a new diagnosis, a change in your medications, or even plans for surgery. If your plans for fertility change, you will likely need to stop hormone replacement therapy to allow your sperm count to return to normal. Additionally, studies have shown that when men are physically active, eat a healthy diet, and maintain normal weight, they can minimize their risks further.

**CONSENT FOR TREATMENT:** I have read and understand the above. I have had the opportunity to ask any questions regarding pellet therapy. All of my questions have been answered to my satisfaction. I further acknowledge that there may be risks of hormone therapy that we do not know at this time. I understand the risks and benefits of this treatment. I have been informed that I may experience complications from infection, extrusions, or that I may note no effect or otherwise be dissatisfied with my treatment. If these do occur, my provider will provide care to address the complication at no cost, and if appropriate, discount or reimburse me for my pellets up to 50% of my cost. I agree to report to my provider any adverse reaction or problems that may be related to my therapy, so any issues can be addressed in a timely manner and minimize any potential complications or adverse reactions.

I understand that payment is due in full at the time of service. My signature certifies that I have read and understood the above.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

## Pre-Pellet Insertion CHG (Chlorhexidine Gluconate) Body Cleansing

Getting your skin ready for surgery is extremely important! To do this, one must cleanse your skin with CHG. This is a special chemical found in soaps, such as Hibiclens and other brands.

First, purchase the 4% Hibiclens at any pharmacy. Second, gather clean, freshly laundered washcloths, towels, and clothes for each shower. For the best results, bathe 1 day prior to surgery and the morning of surgery.

Before using, read all the instructions below:

1. Wash and rinse your hair, face, and body using your normal shampoo and soap.
2. Make sure you completely rinse off in a very thorough manner.
3. Turn off the shower, or step out of the bathwater.
4. Pour a quarter size amount of liquid CHG/Hibiclens soap onto a wet, clean washcloth, and apply to your entire body from the neck down. Do NOT use on your face, hair, or genital areas.
5. Rub the soap filled washcloth over your entire body for 3 minutes; apply more soap as needed (1/4 of bottle should be used with each of the showers/cleansing). Avoid scrubbing your skin too hard.
6. Turn on the shower or return to the bath and rinse the soap off your body completely with warm water.
7. Do NOT use regular soap after washing with the Hibiclens.
8. Pat your skin dry with a freshly laundered, clean towel after each shower/bath cleansing.
9. Dress with freshly laundered clothes after each shower/bath cleansing.
10. The night before surgery sleep with clean bed linens.
11. Do NOT apply any lotions, deodorants, powders, or perfumes to your body.
12. Do NOT shave your legs the night before or the day of surgery, nor remove any body hair below the neck. Facial shaving is the only thing permitted before surgery.
13. Throughout this process, good hand hygiene is a must, every day. Throughout the entire day, wash hands with soap and water to ensure adequate cleansing.

**\*\*If an allergic reaction occurs, stop using the CHG/Hibiclens soap.\*\***



## Post-Insertion Instructions

Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage any time after 24 hours. The inner layer should be removed after 3-5 days.

We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each time over the next 4-5 hours.

Do not take tub bath or get into a hot tub or swimming pool for 3 days. You may shower, but do not scrub the site until the incision is well healed (about 7 days).

No major exercises for the incision area for the next 3 days. This includes running, elliptical, squats, lunges, etc.

The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.

The insertion site may be uncomfortable for up to 2-3 weeks. If there is itching or redness, you may take Benadryl 50mg orally every 6 hours. This can cause drowsiness. You can also try Zyrtec or Claritin during the day if preferred.

You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2-3 weeks.

You may notice some pinkish or bloody discoloration on the outer bandage; this is normal.

If you experience bleeding from the incision, apply firm pressure for 5 minutes. Please call if you have bleeding not relieved with pressure (not oozing), as this is NOT normal.

Please call if you have any pus coming out of the insertion site, as this is NOT normal and could indicate an infection.

Reminders:

Remember to go for your post insertion blood work **6 weeks** after the insertion.

Most women need a re-insertion of their pellets at 3-4 months, and men need a re-insertion at about 4-5 months.

Please call as soon as the symptoms that were relieved from the pellets start to return to make an appointment for a re-insertion.

Additional instructions: \_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I received a copy and understand the instructions on this form.

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