

CONSENT FOR TESTOSTERONE REPLACEMENT THERAPY

A few things you need to know about testosterone replacement therapy:

It is important to understand that medicine is an inexact science. Although we will carry out your treatment carefully, results can vary in their degree of success. It is quite natural for a patient undergoing Testosterone Replacement Therapy to want to know that everything will turn out right. Most of the time it will be fine; however, it is necessary to discuss potential risks, as well as the benefits expected from the treatment when deciding on whether to begin Testosterone Replacement Therapy. You should also be aware of the alternatives to Testosterone Replacement Therapy, 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, then perhaps you should take some time to weigh all options or consult another health care provider.

Please review the following statements which discuss informed consent. Any questions that you may have should be brought to our attention. Your clinical provider will attempt to answer all of your questions to your satisfaction.

Directions: Initial that you have read, understand, and agree with each statement.

- _____ 1. This is my consent for Rebuilding Life for Men, including any physician, nurse, or employee who works for the company, to begin treatment for Testosterone Replacement Therapy.
- _____ 2. It has been explained to me, and I fully understand, that occasionally there are complications with this treatment, such as
 - i. _____ Acne, breast enlargement, mood swings.
 - ii. _____ Extra fluid in the body. This can cause problems for patients with heart, kidney, or liver disease or overweight.
 - iii. _____ Sleep disturbance. This is called sleep apnea. It is more likely to occur with patients who have lung disease or are overweight.
 - iv. _____ Prostate enlargement. This may cause problems urinating.
 - v. _____ Changes in cholesterol levels, red blood cell levels, PSA levels, liver function enzymes, and other hormone levels. These will be monitored with periodic blood levels.
 - vi. _____ Detection of subclinical and growth of prostate cancer.
 - vii. _____ Detection of subclinical and growth of breast cancer.
 - viii. _____ Thromboembolic event due to erythrocytosis may occur. This level will be monitored with periodic blood levels.
 - ix. _____ Cardiovascular risk has generally not been associated with testosterone treatment. While the FDA is investigating data they have NOT concluded that testosterone therapy has increased the risk of stroke, myocardial infarction or mortality.
- _____ 3. I understand that I will have periodic blood tests to monitor my blood levels.
- _____ 4. I understand there is no guarantee as to the results of Testosterone Replacement Therapy. If I stop treatment, my condition may return or get worse.
- _____ 5. I have had an opportunity to discuss with Rebuilding Life for Men and its medical practitioners my complete past medical and health history, including any serious problems and/or injuries. All of my questions concerning the risks, benefits, and alternatives have been answered. I am satisfied with the answers.
- _____ 6. I understand that physical exam by Rebuilding Life for Men does NOT replace a full physical exam by a personal physician.
- _____ 7. I agree to have my personal physician perform a yearly full physical exam, including a digital rectal exam, lipid profile, cholesterol levels, and a comprehensive metabolic panel. If I do not have a personal physician, Rebuilding Life for Men will assist in locating one for me.

Print Name

Signature

Date

Witness

Date