



Bio-identical Hormone Replacement Therapy-Women

I _____, confirm that I have had consultation with David Thomas, M.D. regarding the risks and benefits of bio-identical hormone replacement therapy (BHRT). Although BHRT has been utilized safely and effectively, it is necessary to understand the potential risks. You should be aware of the alternatives to hormone replacement therapy, including not receiving this treatment.

I understand that this prescription for BHRT is indicated for optimization of hormone levels based on medical history, physical exam findings and laboratory tests. This may include patients with low hormone levels, as well as patients with hormone levels reported in the normal range, but felt to be suboptimal based on medical history and physical exam findings.

I understand that BHRT may help symptoms including hot flashes, night sweats, insomnia, irritability, mood swings, low libido, decreased concentration, anxiety/depression, vaginal dryness, painful intercourse, weight gain, thinning skin, bone loss and fatigue. Many of these symptoms are nonspecific and may not respond to BHRT. Some patients may have 100% response to therapy, some may partially respond and rarely patients may not respond at all.

I understand that BHRT does carry risks, especially when given at doses outside of physiological levels, however the risk profile is felt to be lower compared to hormones which are not bio-identical. More research about BHRT needs to be performed, however we use the best data available today when making a decision about BHRT. Be aware that as scientific evidence increases, our recommendations may change.

I understand that potential risks of BHRT may include but are not limited to abnormal uterine bleeding, uterine cancer, breast cancer, stroke, heart attack and excessive clotting.

I understand that periodic lab tests are required to monitor BHRT.

I understand that routine pap smears and mammograms are required and you must provide us with a copy of the results. BHRT will not be prescribed unless these records are up to date.

I understand that there is no guarantee as to the results of BHRT and that if I stop treatment, my condition may return or worsen.

I certify that I have read the above consent and fully understand it. I believe I have adequate knowledge upon which to base informed consent. I fully understand what I am signing and hereby request and consent to treatment with BHRT. I accept the risks and unknowns of taking BHRT.

Patient Signature _____ Date _____

Physician Signature _____ Date _____