



Testosterone Supplementation Consent Form-Men

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

I understand that this prescription for testosterone is indicated for treatment of hypogonadism (testosterone deficiency) based upon my medical history, physical exam findings and laboratory tests. This may include patients with a low testosterone level, as well as patients with a level reported in the normal range but felt to be suboptimal based on medical history and physical findings.

I understand that the purpose of TRT is to improve symptoms of low or suboptimal testosterone levels including decreased energy, exercise endurance, libido, mental focus and sense of overall wellbeing.

I understand that there are occasionally complications of TRT including acne, irritability, increased estrogen levels, fluid retention, testicular atrophy, decreased sperm count, increased blood pressure, exacerbation of sleep apnea, male pattern baldness and breast enlargement. There are conflicting studies regarding the cardiac risks of TRT and the definitive risk is not known at this time.

I understand that TRT may affect fertility and should not be used if attempting to father a child now or in the future.

I understand that questions have been raised about testosterone as a cause of prostate cancer, but studies have been inconclusive. Patients with a history of prostate cancer are not a candidate for TRT. If a patient develops prostate cancer while on TRT, the testosterone will be discontinued immediately.

I understand that TRT can occasionally change cholesterol levels, red blood cell levels, PSA levels, liver function enzymes and various hormone levels. These labs will be monitored through periodic blood tests, usually performed every 3-6 months.

I understand that there is no guarantee as to the result of TRT and that if I stop treatment, my condition may return or get worse.

I understand that TRT will not be given to enhance athletic performance.

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 supplemental testosterone.

Patient Signature _____ Date _____

Physician Signature _____ Date _____