

Compass Hormone Health Male New Patient Paperwork

We are excited about your interest in hormone optimization through bioidentical hormone replacement therapy and nutraceutical use. In order to determine if you are a candidate for bio-identical testosterone pellet treatment we will need you to fill out the following packet. Once completed, you can drop off or mail in your packet, or fax it to (603) 749-1006. We will evaluate your information upon receipt and call you to schedule a consultation to determine if can help you live a healthier and happier life.

**Below is a list of the information we need in order to set up your initial appointment at Compass Family Health.
If you are already a CFH patient, these should already be on file.**

- A Copy of Your Insurance Card front and back (We confirm eligibility prior to your appointment with Compass Family Health)
Or Check here if you are self-pay / have insurance we do not participate with
- Contact Information (ok to leave insurance #'s off, but please do include guarantor's info if not the patient)
- Medical History (2 pages)
- Liability Waiver
- Permission to Share Information Form (If you do not want anyone listed please check none and sign)
- Financial Policy (please note new patients are agreeing to pay \$100 if you do not show for your appointment of cancel last minute)
- Member Administrative Fee Acknowledgement
- General Information (2 pages)
- HIPPA Agreement

Below is a list of the Compass Hormone Health forms and information we will need:

Visit 1: Hormone Optimization Discussion & Education (30 – 45 min with a Nurse or Provider)

- PCP referral *Only for HMO insurance policies (if Compass Family Health is not your pcp)
*Referral should be sent to Compass Family Health: Laura Hudson NPI 1659723286
Reason = Hormone management Diagnosis codes: Hormone Dysfunction E34.9 & HRT Z79.89
- Male Hormone Health History
- Male Patient Questionnaire & History
- Symptom Checklist for Men
- CFH > CHH Medical Record Release

Visit 2: Review Labs, Create Algorithm Tx Plan and Discuss Forms Below (30 min with a Nurse or Provider)

- What might occur after pellet insertion
- You will need to have had your labs drawn at least 1-2 weeks prior to this visit so we will have results available.

*It is your responsibility to find out if your insurance company will cover the cost. Of labs, and which lab your insurance prefers you go to. Please note that it can take up to two weeks for your lab results to be received by our office. If you are not insured or have a high deductible, call our office for self-pay blood draw forms, prices and instructions. (Estradiol, Free/Total Testosterone, TSH, Free T4, Total T4, Free T3, Thyroid Peroxidase ab, CBC, CMP, Vitamin D3, Vitamin B12)

Visit 3: Initial Pellet Procedure *Note, this visit will be with Compass Hormone Health (self-pay 30min)

- Male Procedure Consent Form

Visit 4: Post-Pellet Follow-Up *Possible pellet boost if Testosterone levels aren't high enough (45min)

- Standard Male Pellet 8 week follow-up: You will need to have had your labs drawn 6 weeks after visit 3.
OR
- T100 Male Pellet: 6 week follow-up You will need to have had your labs drawn 4 weeks after visit 3.

Visit 5: Re-Pellet #1

- Standard Male Pellet: You will schedule your subsequent pellet appointment about 5 months after visit 3...
OR
- T100 Male Pellet: You will schedule your subsequent pellet appointment 3 months after visit 3...

Male Patient Questionnaire

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Date of Birth: _____ Age: _____ Weight: _____ Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-Mail Address: _____ May we contact you via E-Mail? () YES () NO

In Case of Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Primary Care Physician's Name: _____ Phone: _____

Address: _____
Address City State Zip

Marital Status (check one): () Married () Divorced () Widow () Living with Partner () Single

In the event we cannot contact you by the means you've provided above, we would like to know if we have permission to speak to your spouse or significant other about your treatment. By giving the information below you are giving us permission to speak with your spouse or significant other about your treatment.

Spouse's Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Social:

- () I am sexually active.
- () I want to be sexually active.
- () I have completed my family.
- () I have used steroids in the past for athletic purposes.

Habits:

- () I smoke _____ cigarettes or _____ cigars a day.
- () I drink _____ alcoholic beverages per day.
- () I drink more than 10 alcoholic beverages a week.
- () I use _____ caffeine products a day.

Medical History

Any known drug allergies: _____

Have you ever had any issues with local anesthesia? () Yes () No

If yes please explain: _____

Medications Currently Taking: _____

Current Hormone Replacement Therapy: _____

Past Hormone Replacement Therapy: _____

Nutritional/Vitamin Supplements: _____

Surgeries, list all and when: _____

Other Pertinent Information: _____

Medical Illnesses:

- | | |
|---|--|
| () High blood pressure. | () Testicular or prostate cancer. |
| () High cholesterol. | () Elevated PSA. |
| () Heart Disease. | () Prostate enlargement. |
| () Stroke and/or heart attack. | () Trouble passing urine or take Flomax or Avodart. |
| () Blood clot and/or a pulmonary emboli. | () Chronic liver disease (hepatitis, fatty liver, cirrhosis). |
| () Hemochromatosis. | () Diabetes. |
| () Depression/anxiety. | () Thyroid disease. |
| () Psychiatric Disorder. | () Arthritis. |
| () Cancer (type): _____ | Year: _____ Remission? <u>Yes or No</u> |

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

Print Name

Signature

Today's Date



Symptom Checklist For Men

Name: _____ DOB: _____ Date: _____

Symptom <i>(please check mark)</i>	Never	Mild	Moderate	Severe
Decline in general well being				
Joint pain/muscle ache				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Irritability				
Nervousness				
Anxiety				
Depressed mood				
Exhaustion/lacking vitality				
Declining Mental Ability/Focus/Concentration				
Feeling you have passed your peak				
Feeling burned out/hit rock bottom				
Decreased muscle strength				
Weight Gain/Belly Fat/Inability to Lose Weight				
Breast Development				
Shrinking Testicles				
Rapid Hair Loss				
Decrease in beard growth				
New Migraine Headaches				
Decreased desire/libido				
Decreased morning erections				
Decreased ability to perform sexually				
Infrequent or Absent Ejaculations				
No Results from E.D. Medications				

Family History

	NO	YES
Heart Disease		
Diabetes		
Osteoporosis		
Alzheimer's Disease		

Testosterone Pellet Insertion Consent Form

Bio-identical testosterone pellets are hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made in your testicles prior to "andropause." Bio-identical hormones have the same effects on your body as your own testosterone did when you were younger. Bio-identical hormone pellets are plant derived and bio-identical hormone replacement using pellets has been used in Europe, the U.S. and Canada since the 1930's. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During andropause, the risk of not receiving adequate hormone therapy can outweigh the risks of replacing testosterone.

Risks of not receiving testosterone therapy after andropause include but are not limited to:

Arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased overall inflammatory processes, dementia and Alzheimer's disease, and many other symptoms of aging.

CONSENT FOR TREATMENT: I consent to the insertion of testosterone pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. **Surgical risks are the same as for any minor medical procedure.**

Side effects may include:

Bleeding, bruising, swelling, infection, pain, reaction to local anesthetic and/or preservatives, lack of effect (typically from lack of absorption), thinning hair, male pattern baldness, increased growth of prostate and prostate tumors, extrusion of pellets, hyper sexuality (overactive libido), ten to fifteen percent shrinkage in testicle size and significant reduction in sperm production.

There is some risk, even with natural testosterone therapy, of enhancing an existing current prostate cancer to grow more rapidly. For this reason, a prostate specific antigen blood test is to be done before starting testosterone pellet therapy and will be conducted each year thereafter. If there is any question about possible prostate cancer, a follow-up with an ultrasound of the prostate gland may be required as well as a referral to a qualified specialist. While urinary symptoms typically improve with testosterone, rarely they may worsen, or worsen before improving. Testosterone therapy may increase one's hemoglobin and hematocrit, or thicken one's blood. This problem can be diagnosed with a blood test. Thus, a complete blood count (Hemoglobin and Hematocrit.) should be done at least annually. This condition can be reversed simply by donating blood periodically.

BENEFITS OF TESTOSTERONE PELLETS INCLUDE:

Increased libido, energy, and sense of well-being; increased muscle mass and strength and stamina; decreased frequency and severity of migraine headaches; decrease in mood swings, anxiety and irritability (secondary to hormonal decline); decreased weight (increase in lean body mass); decrease in risk or severity of diabetes; decreased risk of Alzheimer's and dementia; and decreased risk of heart disease in men less than 75 years old with no pre-existing history of heart disease.

On January 31, 2014, the FDA issued a Drug Safety Communication indicating that the FDA is investigating risk of heart attack and death in some men taking FDA approved testosterone products. The risks were found in men over the age of 65 years old with pre-existing heart disease and men over the age of 75 years old with or without pre-existing heart disease. These studies were performed with testosterone patches, testosterone creams and synthetic testosterone injections and did not include subcutaneous hormone pellet therapy.

I agree to immediately report to my practitioner's office any adverse reactions or problems that may be related to my therapy. Potential complications have been explained to me and I agree that I have received information regarding those risks, potential complications and benefits, and the nature of bio-identical and other treatments and have had all my questions answered. Furthermore, I have not been promised or guaranteed any specific benefits from the administration of bio-identical therapy. I certify this form has been fully explained to me, and I have read it or have had it read to me and I understand its contents. I accept these risks and benefits and I consent to the insertion of hormone pellets under my skin. This consent is ongoing for this and all future insertions.

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

Print Name	Signature	Today's Date
Initial: _____ Date: _____	Initial: _____ Date: _____	Initial: _____ Date: _____
Initial: _____ Date: _____	Initial: _____ Date: _____	Initial: _____ Date: _____
Initial: _____ Date: _____	Initial: _____ Date: _____	Initial: _____ Date: _____
Initial: _____ Date: _____	Initial: _____ Date: _____	Initial: _____ Date: _____



Hormone Pellet Placement Self-Pay Fee Acknowledgment

Although some of the providers at this practice are credentialed with insurances, they are not contracted with insurance companies when providing care at Compass Hormone Health. We have found some insurance companies are reimbursing patients for the Hormone Pellet Therapy, but there is no guarantee they will reimburse you for out of network procedures. We are happy to provide you with a receipt and letter of medical necessity, that you can send to your insurance company to file for reimbursement, if you would like to do so. Compass Hormone Health has set flat rates for the pellet procedure (which include your pellet cost) that you will be responsible for payment in full at the time of your procedure. We have no knowledge of your out-of-network policy coverage and will not bill insurance for the pellet procedure on your behalf.

Bloodwork: (An option for people with no insurance or poor lab coverage – you pay us at the time of the blood draw)

Self-pay Pre-pellet panel lab fee **\$135**

(Includes: CBC, CMP, B12, Vit D, TSH, TT4, FT3, TPO ab, Total Testosterone, FSH, Estradiol)

Self-pay Post-pellet-panel lab fee **\$100**

(Includes: CBC, Total Testosterone, FSH, Estradiol. *If on thyroid meds: TSH, Total T4, FT3, TPO ab)

Pellet Insertion: (This includes pellet-medication and procedure cost)

Female Hormone Pellet Insertion Fee **\$450**

Male Pellet Insertion Fee (T100 3mo plan) **\$575**

Male Hormone Pellet Insertion Fee (<2000mg) **\$750**

Male Pellet Insertion Fee (≥2000mg) **\$800**

We accept the following forms of payment:

Master Card, Visa, Discover, American Express, FSA cards and Cash

By Signing this form, I am indicating that I understand that Compass Hormone Health LLC is not affiliated with any insurance companies, and there for all pellet procedures are self-pay, with payment due at the time of treatment.

Print Name

Signature

Today's Date



Compass Hormone Health LLC & Compass Family Health LLC

Protected Health Information Authorization to Share Medical Records

Patient Name: _____ DOB: _____

Other Last Names: _____ Phone: _____

Address: _____

This signed release will authorize **Compass Family Health** at 835 Central Ave Suite 200 Dover, NH 03820 and **Compass Hormone Health** -also doing business as **Compass Customized Health & Wellness** at 835 Central Ave Suite 226 Dover, NH 03820, to continuously disclose and exchange my protected health information between the two entities as needed to provide me with comprehensive care.

***Information to be Disclosed:** *(Please initial your preferred the option(s) below).*

 Complete Medical Record (This includes general health information and testing AS WELL AS applicable information related to mental health, drug or alcohol treatment, genetic testing, STD testing, HIV/AIDS, and psychotherapy notes.)

 Complete Record as Above, Except I **DO NOT** authorize the disclosure of:

 Information related to mental health

 Drug or alcohol treatment

 Genetic testing

 STD testing

 HIV/AIDS testing or care

 Psychotherapy Notes

I understand that the providers at Compass Family Health will continue to care for me and treat me, regardless of whether or not I sign this Authorization for Release of Records. I understand that this authorization may be subject to re-disclosure by the Receiving Health Care Agent for coordination of care.

I understand that I may revoke this Authorization at in time, by informing Compass Family Health in writing. Any revocation will not apply to disclosures that have already made. I understand that if this authorization is used to coordinate insurance coverage, I may not have the right to revoke it since insurance requires this information. I understand that I have a right to receive a copy of the information I am consenting to release.

This Authorization will expire twelve (36) months from the date this form is signed.

Printed Name

Date

Signature of Patient or Legal Representative

Relationship to Patient (if not patient)



WHAT MIGHT OCCUR AFTER A MALE PELLET INSERTION

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

FLUID RETENTION: Testosterone stimulates the muscle to grow and retain water which may result in a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and especially during hot, humid weather conditions.

SWELLING of the HANDS & FEET: This is common in hot and humid weather. It may be treated by drinking lots of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores) or by taking a mild diuretic, which the office can prescribe.

MOOD SWINGS/IRRITABILITY: These may occur if you were quite deficient in hormones. They will disappear when enough hormones are in your system.

FACIAL BREAKOUT: Some pimples may arise if the body is very deficient in testosterone. This lasts a short period of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do not help, please call the office for suggestions and possibly prescriptions.

HAIR LOSS: Is rare and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem. Prescription medications may be necessary in rare cases.

Post-Insertion Instructions for Men

- Your insertion site has been covered with two layers of bandages. The inner layer is a steri-strip and the outer layer is a waterproof dressing.
- We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each time over the next 4 to 5 hours. You can continue for swelling if needed. *Be sure to place something between the ice pack and your bandages/skin. Do not place ice packs directly on bare skin.*
- No tub baths, hot tubs, or swimming pools for 7 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 7 days. This includes running, elliptical, squats, lunges, etc. You can do moderate upper body work and walking.
- 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 to 3 weeks. If there is itching or redness you may take Benadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness!
You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding (not oozing) not relieved with pressure, as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.

Reminders:

- Remember to go for your post-insertion blood work 6 weeks after the insertion.
- We will see you for your post-pellet follow up visit 8 weeks after your 1st pellet insertion.
- Most men will need re-insertions of their pellets 5-6 months after their initial insertion.

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

Print Name

Signature

Today's Date



Commonly Asked Questions

Q. What is BioTE®?

A. BioTE® is a Bio-Identical form of hormone therapy that seeks to return the hormone balance to youthful levels in men and women.

Q. How do I know if I'm a candidate for pellets?

A. Symptoms may vary widely from depression and anxiety to night sweats and sleeplessness for example. You will be given a lab slip to have blood work done which will determine your hormone levels. Once the doctor reviews and determines you are a candidate we will schedule an appointment for insertion.

Q. Do I have blood work done before each Treatment?

A. No, only initially and 4-8 weeks later to set your dosing. You may have it done again if there are significant changes.

Q. What are the pellets made from?

A. They are made from wild yams and soy. Wild yams and soy have the highest concentration of hormones of any substance. There are no known allergens associated with wild yams and soy, because once the hormone is made it is no longer yam or soy.

Q. How long will the treatment last?

A. Every 3-6 months depending on the person. Everyone is different so it depends on how you feel and what the doctor determines is right for you. If you are really active, you are under a lot of stress or it is extremely hot your treatment may not last as long. Absorption rate is based on cardiac output.

Q. Is the therapy FDA approved?

A. What the pellets are made of is FDA approved and regulated, the process of making pellets is regulated by the State Pharmacy Board, and the distribution is regulated by the DEA and Respective State Pharmacy Boards. The PROCEDURE of placing pellets is NOT an FDA approved procedure. The pellets are derived from wild yams and soy, and are all natural and bio-identical. Meaning they are the exact replication of what the body makes.

Q. How are they administered?

A. Your practitioner will implant the pellets in the fat under the skin of the hip. A small incision is made in the hip. The pellets are inserted. No stitch is required.

Q. Does it matter if I'm on birth control?

A. No, the doctor can determine what your hormone needs are even if you are on birth control.

Q. Are there any side effects?

A. The majority of side effects is temporary and typically only happens on the first dose. All are very treatable. There are no serious side effects.

Q. What if I'm already on HRT of some sort like creams, patches, pills?

A. This is an easy transition. The doctor will be able to determine your needs even though you may be currently taking these other forms of HRT.

Q. What if I've had breast cancer?

A. Breast cancer survivors and/or those who have a history of breast cancer in their family may still be a candidate; however, this is to be determined by the physician. You should schedule a consultation with the Doctor.