

## **CONSENT FORM FOR BIO-IDENTICAL HORMONE REPLACEMENT (BHRT)**

PATIENT CONSENT FORM FOR BIO-IDENTICAL (NATURAL) HORMONE REPLACEMENT THERAPY (BHRT), TESTOSTERONE (MALE/FEMALE PATIENTS) AND THYROID REPLACEMENT THERAPY

Dr. \_\_\_\_\_ has discussed the following combination of Integrative Medicine, Bio-Identical Hormone Replacement Therapy (BHRT) & Testosterone Therapy with me: **(patient's initials \_\_\_\_\_)**.

### **TREATMENT**

An integrative approach to treatment is used involving the use of Bio-identical (natural) Hormone Replacement Therapy alongside supplements and vitamins unique to the patient's individual needs. **(patient's initials \_\_\_\_\_)**.

### **HORMONE REPLACEMENT THERAPY RISKS**

Dr. \_\_\_\_\_ and I have discussed the cardiovascular risks associated with testosterone replacement therapy and the risk of breast and/or prostate cancer associated with the use of hormones

I understand that I should discuss any questions or concerns I have about the above-mentioned treatment with my doctor before signing this consent form.

I have had the opportunity to ask questions and have them answered to my satisfaction. I agree that it is my responsibility to keep up-to-date with my regular breast exams or prostate exams as recommended by my doctor. **(patient's initials \_\_\_\_\_)**.

### **PATIENT'S CONSENT**

I have read and fully understand this consent form and agree to pay the fees involved in my treatment and care. I give my consent to the administration of the above named BHRT treatment, testosterone, therapy, integrated medicine and lab tests as needed.

Date (mm/dd/yyyy) \_\_\_\_\_

Patient Signature for Consent \_\_\_\_\_

Patient Name (please print) \_\_\_\_\_

Signature of Naturopathic Doctor \_\_\_\_\_

ND Name (please print) \_\_\_\_\_