

Patient Name:

DOB:

Today's Date:

Consent for Testosterone Replacement Therapy

A FEW THINGS 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 all right. Most of the time it will be fine, however it is necessary to discuss potential risks.

It is very important for you to be aware of the 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 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 your options or consult another health care provider.

This form is designed to document that you understand the information regarding Testosterone Therapy, so that you can make an informed decision regarding your condition and your options.

Based on your symptoms and the results from laboratory testing, Dr. Jason Jensen may recommend or has recommended Testosterone Therapy. The goal of such therapy is to optimize your testosterone levels in order to alleviate the symptoms of low testosterone. Testosterone is not administered for muscle building or to enhance athletic performance, but rather for relief of symptoms and improvement in quality of life.

Testosterone is not stored by the body, so in order to maintain healthy levels, it needs to be administered in timed intervals and in appropriate dosages. Testosterone can be administered in a number of ways. There are pills, transdermals (topical creams, gels, patches, and liquids), sublinguals or troches (under the tongue or inside cheek), and intramuscular injections.

The full health benefits of testosterone are associated with restoring the levels to the "optimal" range, and not the "normal-for-age" range. Specifically, this means raising your testosterone level to approximately the upper-half of the reference (physiologic) range in our opinion. The reference range for testosterone is 250-1100 ng/dL, so the optimal range is 700-1000 ng/dL.

Possible complications of non-treatment may include a worsening of your symptoms and increasing your risk of conditions associated with testosterone deficiency including heart disease, diabetes, Alzheimer's, osteoporosis, depression, and premature death.

All medical treatments have potential side effects. However, there are few potential side effects with testosterone therapy since we are simply restoring something inherently natural to the body (testosterone), and we are restoring it to healthy physiologic levels only. The goal is to make sure the testosterone level is high enough to achieve benefits, but not so high to create serious problems. The most common side effects are generally mild and temporary, and may include:

- Overproduction of red blood cells: This is also known as erythrocytosis. Testosterone can stimulate bone marrow to produce more red blood cells. This can sometimes cause the blood to become too viscous (thick). This is reversed by donating blood every 2-3 months.

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- Decreased testosterone and/or sperm production, and testicular shrinkage: Testosterone can sometimes cause a reduction in testosterone and/or cell production, and rarely, mild shrinkage of the testicles. This is prevented by twice weekly microinjections of prescription HCG (Human Chorionic Gonadotropin) which we can provide.
- Fluid retention: This is also known as edema. A small number of men on testosterone therapy may retain fluid. This is reversed by reducing the dosage of testosterone and/or by the use of foods that have a diuretic-like effect.
- Acne: Testosterone therapy may increase oil production in the sebaceous glands in the skin, leading to acne. Such acne is mild and is more likely to occur if the body was extremely deficient in testosterone. This lasts a short time and is reversed with good face washing, astringents and skin toner.
- Breast or nipple sensitivity: When this occurs, it is due to testosterone being converted to excess estrogen in the body. The sensitivity is due to the increased blood supply to the breast tissue that estrogen causes. This may be prevented by taking an estrogen-blocking medication or botanical which we can provide.
- Hair thinning: When this occurs, it is due to testosterone being converted to excess amounts of DHT (dihydrotestosterone) in the hair follicles. This is managed by taking over-the-counter tocotrienols (a special form of vitamin E) and biotin (a B vitamin), botanical therapy, or by using a DHT-blocking shampoo which we can prescribe.

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

- ___ 1. This is my consent for Desert Naturopathic Health, LLC, including any physician or nurse who works with 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 Acne, Breast Enlargement, Mood Swings, as well as the following (#3 - #7):
- ___ 3. Extra fluid in the body – This can cause problems for patients with heart, kidney, or liver disease.
- ___ 4. Sleep disturbance – This is called sleep apnea and is more likely to occur with patients who have lung disease or are overweight.
- ___ 5. Prostate enlargement - This may cause problems with urinating.
- ___ 6. Changes in cholesterol levels, red blood cell levels, PSA levels, liver function enzymes, and other hormone levels which will be monitored with periodic blood tests.
- ___ 7. I understand that I will have periodic blood tests to monitor my blood levels.
- ___ 8. I understand there is no guarantee as to the result and that if I stop treatment, my condition may return or get worse.
- ___ 9. I have had an opportunity to discuss with Desert Naturopathic Health, LLC 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.
- ___ 10. I understand that the physical exam by Desert Naturopathic Health, LLC does NOT replace a full physical exam by a personal physician.
- ___ 11. I agree to have my personal physician perform a yearly full physical exam including a digital rectal exam. If I do not have a personal physician, Desert Naturopathic Health, LLC will assist in locating one for me.
- ___ 12. INDEMNIFICATION CLAUSE: I agree to indemnify, defend, protect and hold harmless Dr. Jensen and Desert Naturopathic Health, LLC and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (“Indemnified Parties”) from, against and in respect of all liabilities, losses, claims, damages, punitive damages, causes of action, lawsuits, administrative proceedings, investigations, demands, judgments, settlement payments, deficiencies, penalties, fines, interest and costs and expenses suffered, sustained, incurred or paid by the Indemnified Parties in connection with, resulting from or arising out of, directly or indirectly, Dr. Jensen and Desert Naturopathic Health, LLC rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my

medical and physical condition, acts or omissions of Dr. Jensen and Desert Naturopathic Health, LLC, harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by Dr. Jensen and Desert Naturopathic Health, LLC. I am aware of the potential side effects associated with the above-described treatment, accept all risks involved in taking medication and will not seek indemnification or damages from the Indemnified Parties. This Agreement contains the entire understanding of the parties and supersedes and merges all prior and contemporaneous agreements and discussions between the parties. Any and all representations or agreements by any agent or representative of either party not contained in this Agreement shall be null, void and of no effect. If any provision of this Agreement or the application thereof to any person or circumstances is held invalid or unenforceable in any jurisdiction, the remainder hereof, and the application of such provision to such person or circumstances in any other jurisdiction, shall not be affected thereby, and to this end the provisions of this Agreement shall be severable.

- ___13. I acknowledge, understand, and agree to the terms and conditions disclosed herein, including, but not limited to the indemnification clause for any liabilities arising out of the Testosterone Therapy rendered by Dr. Jensen and Desert Naturopathic Health, LLC.

Patient

Date

Witness

Date