



## Testosterone Therapy Consent

The following information is provided to assist you with making an informed decision regarding the use of testosterone therapy. Please review this information and ask any questions that you may have about it.

### **1. Testosterone is a controlled medication with risks and benefits. Some potential benefits include:**

- Improvement in energy
- Improvements in depressive symptoms
- Improvements in sexual desire
- Increase in muscle mass
- Decrease in fatigue
- Increase in bone density

### **2. Some known or suspected risks of testosterone therapy include, but are not limited to:**

- Worsening of cholesterol (in particular 'good' cholesterol)
- Raising of hematocrit (blood thickness)
- Elevate blood pressure
- Edema (water retention or swelling in arms or legs)
- Increase in cardiovascular or cerebrovascular accidents
- Lowering of sperm counts, possibly to the point of infertility
- Elevated levels of calcium in the blood
- Worsening of sleep apnea
- Breast tissue growth, swelling, or tenderness
- Acne and male pattern baldness
- Reduced testicular size
- Skin to skin transference (if using topical therapy)
- Skin irritation (if using topical therapy)
- Prostate cancer progression
- Breast cancer progression
- Liver dysfunction
- Interactions with insulin, blood thinners, or corticosteroids
- Changes in urinary habits such as increased difficulty urinating

Testosterone Therapy requires close monitoring and regular visits with your clinician. Therefore, you agree to have the all lab testing ordered by your provider completed in a timely manner, and be available for all exams. Testosterone may require donating blood (therapeutic phlebotomy) and you agree to donate blood if needed. You also agree that you understand you will only be able to receive testosterone therapy as long as you are up to date with all lab testing, exam visits, and any needed blood donations.

You agree that you understand that Testosterone therapy may require that you to take other medications or supplements to maintain a healthy balance of hormones. You agree to be fully compliant with the treatment regimen set forth by your provider. I agree not to take any other medications without informing my provider. You understand that Testosterone is a controlled substance and that it needs to be maintained in a secure location, and taken strictly as directed. You also understand that due to the sensitive nature of Testosterone, any lost, stolen, or damaged Testosterone will not be replaced until the next prescription cycle.

As part of the Testosterone and other substances you understand that Novellus Health, LLC contracts with Third Party Pharmacies that are responsible for the delivery of Testosterone and other substances. A third-party's failure to deliver, or missing, or damaged deliveries on the part of the third-party vendor is NOT the responsibility of Novellus Health, LLC. There is NO reimbursement for any delivered medication, item or other goods. Any replacement of any delivered item or substance, re-ordered by Novellus Health, LLC must be pre-paid prior to re-order.

This agreement is in addition to my signed General Consent, which I fully understand and have had all questions answered to my satisfaction. I certify that I have received and understand the information specific to Testosterone Therapy and have had all questions answered to my satisfaction. I also understand that I have the right to NOT take testosterone therapy at any time. Furthermore, I understand that my provider has the right to cease treatment at any time. I elect to proceed with Testosterone Replacement Therapy, and any other medications or supplements required to maintain a healthy hormonal balance, as directed by my provider.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_