



MALE NEW PATIENT PACKET

The contents of this package are your first step to restore your vitality. Please take time to read this carefully and answer all the questions as completely as possible.

Thank you for your interest in BioTE Medical®. In order to determine if you are a candidate for bio-identical testosterone pellets we need laboratory results and your completed medical history forms. We will evaluate your information to determine if BioTE Medical® can help you live a healthier life. If for some reason you are not a candidate for BioTe therapy our providers can discuss alternative therapies with you.

Please complete the following 2-4 weeks before your scheduled BioTe Initial Evaluation appointment (office visit).

Download and complete this packet then return it to our office for review (in person, via fax, via mail or via email). Once we have received your packet you may then schedule an appointment to have blood drawn for pre-evaluation lab work. If you have had these tests performed elsewhere (within the past 60 days) you may provide those results in lieu of having the tests performed through our office. **We require ALL of the results listed below to evaluate you adequately.** Please allow two weeks after having your blood drawn for your results to be available for review; please keep this in mind when scheduling your **BioTe Initial Evaluation** appointment.

Your initial blood work MUST include all of the following test results:

- Estradiol
- Testosterone Free & Total
- PSA (total level, prostate specific antigen)
- TSH (thyroid stimulating hormone)
- T4 (total T4, not free T4)
- T3 (free T3, not total T3)
- TPO Ab (thyroid peroxidase antibody level)
- CBC (complete blood count)
- CMP (complete metabolic panel or profile)
- Vitamin D, 25-Hydroxy

Male post pellet insertion labs- to be performed 4 weeks after your 1st pellet insertion:

- Estradiol
- Testosterone Free & Total
- CBC
- PSA Total (If PSA was borderline on first insertion)
- TSH, T4 Total, T3 Free, TPO (only needed if you've been prescribed thyroid medication)



Commonly Asked Questions (for men)

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. Please complete this packet and return it to our office for review (personally, email, mail or fax). You may then go to our website to schedule an appointment for a **Blood Draw** to have your **Pre-evaluation Lab Work** performed. Schedule a **BioTe Initial Evaluation** appointment with Dr. Sachdev or Lauren Sullivan, PA-C at least 2 weeks after your blood is drawn to discuss your lab results, symptoms and medical history in person. **Please bring the physical copy of your completed new patient packet with you to this appointment.** If it is determined that you are a candidate for BioTe therapy you will then be referred to our office manager to schedule your appointment for the first pellet insertion.

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

A. No, only initially and again 4-6 weeks after your 1st pellet insertion. You may have lab work done again later per the discretion of your BioTe healthcare provider.

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 4-6 months depending on the person. Everyone is different so it depends on how you feel and what your provider determines is right for you. If you are really active, you smoke, are under a lot of stress or it is extremely hot your treatment may not last as long.

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 which means they are an exact replication of what the body normally makes.

Q. How are they administered?

A. Your practitioner will implant the pellets into the fatty layer underneath the skin of the hip, or lower abdomen. A small incision is made prior to pellet insertion, stitches are rarely required.

Q. Does it matter if I'm already on therapy to manage low testosterone levels?

A. No, your provider can determine what your hormone needs are and transition you from your previous therapy to the BioTe method.

Q. Are there any side effects?

A. The majority of side effects are temporary and typically only happen after the first dose. All symptoms are very treatable

Q. What if I've had prostate or some other form of cancer?

A. Cancer survivors or those with a family history of cancer may still be candidates, discuss this with your BioTe provider.



Hormone Replacement Fee Acknowledgment (MALES)

You will be responsible for payment in full for the services below. These are not covered by traditional health insurance in most cases, but you may use a health savings account (HAS) or flexible spending account (FSA) to pay for your treatment.

You may request paperwork to submit to your insurance company if you would like to try filing for reimbursement. We are unable to assist you in obtaining reimbursement other than providing invoices and proof of payment for the services you receive.

- \$185** **Pre-Evaluation Lab Work** (blood draw)

- \$125** **BioTe Initial Evaluation** (office visit with healthcare provider)
A 30 minute visit to discuss your medical history, lab results and your treatment plan IF you are ultimately a candidate for pellets.

- \$750** **Hormone Pellet Insertion Fee**
Typically required every 4-6 months.

- \$85-100** **Follow Up Lab Work** (blood draw)
Required 4 weeks after your FIRST pellet insertion

- \$90** **BioTe Follow Up Visit** (office visit)
A 20 minute visit to discuss your lab results and response to treatment.

We accept the following forms of payment:

MasterCard, Visa, Discover, American Express, Care Credit or Cash.

Name (print): _____ Date: _____

Signature: _____



Orders for Lab Work BioTe MALE Pre-Treatment Panel

Name: _____ Date of Birth: _____ Today's Date: _____

Preferred Provider: _____ Lisa Sachdev, D.O. _____ Lauren Sullivan, PA-C _____ 1st available

PATIENT SPECIMEN SUBMISSION INSTRUCTIONS:

Go to our website www.NovaWellnessCenter.com to schedule an appointment for a **BLOOD DRAW**. There is no charge to reserve your appointment for a blood draw. Payment for your lab work will be collected by our office staff when your blood is drawn at our facility.

Write your appointment date and time here:

(day) _____, (date) _____, (time) _____

Fasting for 8 hours prior to your blood draw is *preferred* but **NOT required**. You may take all medications as you normally do. Please drink plenty of water prior to your blood draw.

BioTe PRE Treatment MALE Panel - \$185

This will be collected when your blood is drawn.

- ___ Estradiol
- ___ Testosterone Free & Total
- ___ PSA (total level, prostate specific antigen)
- ___ TSH (thyroid stimulating hormone)
- ___ T4 (total T4, not free T4)
- ___ T3 (free T3, not total T3)
- ___ TPO Ab (thyroid peroxidase antibody level)
- ___ CBC (complete blood count)
- ___ CMP (complete metabolic panel or profile)
- ___ Vitamin D, 25-Hydroxy

SPECIMEN COLLECTION DATA: *(for staff use only)*

Date: _____ Time: _____ AM/PM Fasting:

Last Dose of Thyroid Rx: _____ AM/PM Last Sex Hormone Use: Date: _____

Thyroid Medication: _____ Sex Hormone Medication: _____

PATIENT FOLLOW UP INSTRUCTIONS:

Go to our website www.NovaWellnessCenter.com to schedule an appointment for a **BIOTE INITIAL EVALUATION OFFICE VISIT** with the provider you have chosen (see above). You will be required to pay the fee of \$125 when you schedule your appointment online. If you have difficulty or questions please contact our staff for assistance.

Appointment: (date) _____, (time) _____. You will immediately receive confirmation of your appointment via text message. Appointment reminders will be sent to you via email and text.



Male Patient Questionnaire & History

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

Date of Birth: _____ Age: _____ Occupation: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

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

In Case of Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

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 mean's 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. _____ NO; <or> _____YES (please complete below):

Spouse's Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

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 week.
- () I drink more than 10 alcoholic beverages a week.
- () I use caffeine _____ a day.

Any known drug allergies: _____, No known allergies: _____

Have you ever had any issues with 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:

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.

Name (print): _____ Date: _____

Signature: _____

PRE- TREATMENT HEALTH ASSESSMENT FOR MEN

Name: _____ Date: _____ DOB: _____

Current Hormone Treatment Modality (if applicable):

SYMPTOM: (please rate each symptom with an "X")	Never	Mild	Moderate	Severe
Decline in general well being				
Joint pain or muscle aches				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Irritability				
Nervousness				
Anxiety				
Depressed mood				
Exhaustion/lacking vitality				
Decreased mental focus or concentration				
Feeling you have passed your peak				
Feeling burned out or "hit rock bottom"				
Decreased muscle strength				
Belly fat or inability to lose weight				
Breast development				
Shrinking testicles				
Rapid hair loss				
Decrease in beard growth				
New migraine headaches				
Decreased desire for sex (libido)				
Decreased morning erections				
Decreased ability to perform sexually (ED)				
Infrequent or absent ejaculations				
No results from ED medications				

WHAT MIGHT OCCUR AFTER A PELLETT INSERTION (MALE)

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 to the muscle 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.
- **HAIR GROWTH:** Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower abdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosage adjustment generally reduces or eliminates the problem.



Name (print): _____ Date: _____

Signature: _____



Nova Wellness Center Testosterone Pellet Insertion Consent Form (MALE):

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.

Name (print): _____ Date: _____



HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been *our* practice for years. This form is a “friendly” version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient’s condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff . You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

I, _____date_____do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy. I understand that this consent shall remain in force from this time forward.



Checklist & timeline for getting started:

- ❖ Obtain a **BioTe MALE New Patient Packet** (available in our office or via download from our website)
- ❖ Complete the packet and return it to Nova Wellness Center (in person, email, mail or fax)
- ❖ Go online to schedule an appointment for a **BLOOD DRAW** for your male pre-treatment lab work. (If you believe you have had all required lab work performed elsewhere within the past 60 days obtain a printed copy of your results and submit these to our office in lieu of having your blood drawn at our facility). There is no fee to reserve your appointment. Please be well hydrated and prepared to pay **\$185** on the day your blood is drawn.
- ❖ Go online to schedule an appointment for **BioTe Initial Evaluation** (office visit). Allow at least 2 weeks from the time your blood was drawn before you have your appointment with one of our healthcare providers. You will be required to submit payment of **\$125** when you schedule this appointment. Please contact our office if you need to reschedule your appointment.
- ❖ On the day of your appointment **remember to bring** your completed New Patient Packet paperwork and printed copies of your lab work (if done outside our office) with you to review with one of our healthcare providers.
- ❖ If you are a candidate for BioTe pellets our office manager will assist you in scheduling an appointment to have your first pellets inserted. If you are not a candidate other options for hormone treatment will be discussed with you. You will be required to submit payment of **\$750** for the appointment and supplies (not including any supplements) prior to having your pellets inserted.
- ❖ Come to your appointment for pellet insertion. **Please allow one hour for this appointment.** Please **wear loose comfortable clothing**, preferably something with an elastic waistband. You may return to work or other activities on the same day as your insertion but **we recommend taking the rest of the day off** to rest and recover. This will decrease any physical or emotional stress you may experience.
- ❖ Go online to schedule an appointment for a **BLOOD DRAW** to have your follow up lab work performed. This should be done 4 weeks after your pellets are inserted. No payment is required to reserve this appointment but you will be required to pay **\$85-100** at the time your blood is drawn, depending on how much lab work was ordered by your provider.
- ❖ Go online to schedule an appointment for a **BioTe Follow Up Visit** 2 weeks after your blood is drawn. You will be required to submit a payment of **\$90** at the time you schedule this appointment.