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Vitality
4 *life*

BIOIDENTICAL HORMONE
REPLACEMENT THERAPY

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New Patient Information Packet

4 WOMEN

Welcome!

The contents of this information packet are your first step toward getting started on the road to renewed vitality.

Please take time to read through this information carefully and answer all questions as accurately as you can. If you have any questions prior to your appointment, please feel free to contact our office at 217-839-4761.

We are delighted to introduce you to the world of Testosterone pellets and look forward to treating you!

Sincerely,

Bruce F. Weber, M.D. & the Staff of Prairieland Wellness Center

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THE BENEFITS OF TESTOSTERONE PELLETS

As women transition from perimenopause to menopause, their reproductive systems stop ovulating and menstrual cycles become less frequent. Along with this change comes a host of symptoms, ranging from annoying to debilitating, which can last up to ten years. The physical symptoms can include everything from hot flashes, weight gain and migraines to insomnia and low sex drive. Mentally, depression and anxiety can cause the most active pre-menopausal woman to struggle to even get out of bed.

If your hormones are found to be out of balance, data supports that hormone replacement therapy with pellet implants is the most effective and the most bio-identical method to deliver hormones. Implants, placed under the skin, consistently release small, physiologic doses of hormones providing optimal therapy. Unlike other forms of therapy, bio-identical pellets avoid the fluctuations, or ups and downs, of hormone levels.

In clinical studies, testosterone delivered by pellet implant has been shown to:

- Increase Energy
- Increase Sex Drive & Libido
- Relieve Depression & Anxiety
- Improved Memory & Concentration
- Relieve Migraine & Menstrual Headaches
- Improve Sleep
- Relieve Hot Flashes
- Increase Bone Density
- Increase Muscle Mass & Decrease Fat Mass
- Relieve Aches and Pains
- Relieve Breast Pain
- Lower Blood Sugar

Other diseases noted to improve after testosterone pellet therapy include:

- Arthritis
- Parkinson's Disease
- Alzheimer's Disease
- Multiple Sclerosis
- Chronic Fatigue & Fibromyalgia
- Degenerative Muscular Disorders
- Degenerative Neurological Diseases
- Eczema & Psoriasis

The best part about bio-identical hormone replacement therapy (BHRT) is that the insertion of the pellets is a simple, relatively painless procedure done under local anesthesia, and there are fewer side effects than traditional hormone replacement therapy (HRT).

It's never too late to benefit from bio-identical hormone replacement therapy!

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NEW PATIENT TO-DO LIST

Thank you for your interest in the Vitality4Life Pellet Program. In order to determine if you are a candidate for bioidentical hormones, there are several things we need in order to assess your health and determine your dose. Prior to your first implant you will need to complete these tasks:

□ **Documentation of screening tests:**

Prior to starting pellet therapy we will need documentation of the following tests. Please bring documentation to your consultation appointment.

- Pap Smear (for women with intact uterus) or Pelvic Exam (history of hysterectomy) - **MUST** have been done within the last 5 years
- Mammogram (for women over age 50) – **MUST** have been done within the last year

□ **Get your blood drawn:**

- As part of your initial consultation, we will review any labwork you have had done within the previous 12 months. If you have not had any previous labwork done or if additional tests need to be ordered, we will give you a prescription for bloodwork at your consultation appointment. **We recommend that you abstain from intercourse for 48 hours prior to your blood draw and we recommend that your labs be drawn in the morning prior to 11am.** Take the prescription to a local lab where your blood will be drawn. **Make sure that the lab you choose is covered by your insurance.** Also note that some patient's insurance policies require that their primary care doctor order the blood testing
- Once we receive the results of lab testing (approximately 1 week later), we will call you to discuss the results and treatment recommendations. If you have not heard from our office within 14 days of your blood draw, please call us to confirm that we have received the results.

□ **Complete the attached forms.**

□ **Bring payment for services.**

Prairieland Wellness Center does not accept insurance for any services. Payment must be made at the time of service by cash, check or credit card (Visa, Mastercard, Discover, American Express). We will provide you with the necessary paperwork to provide to your insurance company should you wish to seek reimbursement. However, we will not intercede for you with your insurance company.

If you have any questions, please call:

217.839.4761

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New Patient Questionnaire

Name _____

Today's Date ____/____/____

Date of Birth ____/____/____

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Menopause Rating Scale (MRS)*

Which of the following symptoms apply to you at this time? Please mark the appropriate box for each symptom. For symptoms that do not apply, please mark "none".

	none	mild	moderate	severe	very severe
	-----	-----	-----	-----	-----
Symptoms:	0	1	2	3	4
1. Hot flashes (episodes of sweating, flushing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, chest tightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty falling asleep, difficulty staying asleep, waking up early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety (inner restlessness, feeling panicky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Physical and/or mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual problems (change in sexual desire, change in sexual activity, lack of satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bladder problems (difficulty urinating, increased frequency of urination, leaking urine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dryness of vagina (sensation of dryness or burning in the vagina, discomfort with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint and muscular discomfort (aches or pains in the joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Adapted from the Berlin Center for Epidemiology and Health Research

FOR OFFICE USE ONLY:

Psychological Score: ____ <small>(4, 5, 6, 7)</small>	Somatic Score: ____ <small>(1, 2, 3, 11)</small>	Urogenital Score: ____ <small>(8, 9, 10)</small>	Composite Score: ____
----------------------------------------------------------	-----------------------------------------------------	-----------------------------------------------------	------------------------------

Vital Signs:	Ht: _____ in.	Wt: _____ lbs.	BMI: _____
Pellet Dose:	T: _____ mg	Lot/Exp: _____	Location: R hip L hip R abd L abd

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Medical History - Female

Name _____

Today's Date ____/____/____

Date of Birth ____/____/____

Address _____

Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Allergies to Medications:

Current Medications & Dosages:

Medical Conditions (check all that apply):

- | | | | |
|----------------------------------------------|---------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Difficulty Urinating | <input type="checkbox"/> Liver Disease/ Jaundice |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Breast Problems |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Asthma / COPD | <input type="checkbox"/> Frequent Urinary Infections | <input type="checkbox"/> Breast Lump |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Nerve Disorders | <input type="checkbox"/> Osteoporosis / Osteopenia | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Ulcers / Gastritis | <input type="checkbox"/> OTHER: _____ | |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Depression | _____ | |

Past Medical History (circle the answer that best fits):

I am currently:	Pre-Menopause	Post-Menopausal	
I have a history of breast cancer:	Yes	No	
I have a history of uterine cancer:	Yes	No	
I have a history of ovarian cancer:	Yes	No	
Last Mammogram:	Normal	Abnormal	Date: ____/____/____
Last Pap Smear:	Normal	Abnormal	Date: ____/____/____
Last Bone Density (DEXA) Scan:	Normal	Abnormal	Date: ____/____/____
Age of 1 st menstrual period:	_____		
Age of 1 st pregnancy:	_____		
<i>If pre-menopausal:</i>	Date of last menstrual period:	____/____/____	
	Are your periods regular:	Yes No	
	Do you have bleeding between periods:	Yes No	
<i>If post-menopausal:</i>	Age of last menstrual period:	_____	

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FEMALE TESTOSTERONE PELLET IMPLANTATION CONSENT FORM

Testosterone pellet implantation has been used for hormone replacement since 1940. Current implants are well standardized and release testosterone at a consistent rate. Testosterone pellets are placed under the skin of the lower abdomen wall or upper gluteal area. This is performed by a physician as an out-patient office procedure under local anesthesia. The procedure takes minutes and is virtually pain free. Complications are rare and include extrusion of the pellet, bleeding or infection. Slight tenderness and bruising of the skin at the site of the implant can be normal. Pellets are not removed and wear off on their own. Benefits of testosterone therapy include increased bone density and muscle mass, decreased fatty tissue, relief of depression, improved sleep, increased energy, increased libido and relief of hot flashes.

The implanted pellets deliver testosterone for three to five months depending on the patient. Serum testosterone levels are higher than baseline (non-treatment) ranges in females receiving therapy. Symptoms return when serum levels approach the upper normal range for young females. The bioavailability of testosterone from the pellets is virtually complete. There is no first pass hepatic inactivation, no change in clotting factors and no swings in plasma testosterone levels as seen with other forms of testosterone therapy. It is also suitable for patients who do not absorb the topical creams and gels and who do not like the frequent dosing and/or fluctuations of hormone levels. Testosterone may increase the production of red blood cells (which is a normal function of testosterone) so a complete blood count (lab test) will be monitored annually while you are on therapy. If the blood count elevates above normal, you may need to donate blood. Some clinical studies have alluded to an increased risk of cardiovascular disease in some patients who take testosterone (no cardiovascular studies have been done with pellets or bioidentical testosterone), but an equal number of studies have shown a decreased risk of cardiovascular disease in patients who use testosterone replacement therapy. We also know that testosterone can modulate the immune system, but the way it does this and the outcome it has depends on many other factors that influence whether there may be a negative or a beneficial effect in terms of the severity of infectious diseases, such as COVID-19. Research studies to investigate testosterone levels on various functions of both innate and adaptive immunity in a variety of patients with different health statuses and ages do not exist at the moment. Testosterone is also known to cause acne, increase facial hair, and clitoral sensitivity, all of which are dose dependent. Typically, the dose can be adjusted to offset these side effects. Long term studies with testosterone-only pellet implants have NOT shown an increased incidence of breast cancer.

Estrogen may be given along with testosterone as a vaginal cream, pellet implant, topical patch or gel. Estrogen can stimulate the uterine lining and cause bleeding. Progesterone may be used as a vaginal cream, oral capsule, topical cream or sublingual drops. Please notify the staff, prior to the procedure, if you have a history of heavy menstrual flow, abnormal uterine bleeding, endometriosis, uterine fibroids or have required a D & C or 'endometrial ablation' in the past

Instructions for testosterone implants

- It is recommended that you have a negative breast exam/mammogram and pelvic exam.
- No vigorous physical activity for 48 hours following the procedure.
- You may apply an ice pack to the incision for 1-2 hours following the procedure.
- You may shower the next day. A dry dressing (no antibiotic ointment) may be applied during the day to protect the incision. After the first 24 hours, leave the incision open to air at night.
- You may drive yourself to and from the procedure.
- You must notify the physician of any allergies or bleeding problems prior to the procedure including anti-coagulant (i.e. coumadin, Plavix) or aspirin therapy.
- It is recommended that you notify your health care provider that you have the hormone implants.
- If vaginal bleeding occurs, you must notify your gynecologist or health care provider.
- If you are a PRE-MENOPAUSAL female, you **must** use birth control. *Theoretically*, testosterone could masculinize a female fetus. You must notify the office if you become pregnant.

I have read and understand the above information. I understand the procedure, benefits, risks and alternatives to the 'Implantation of Testosterone Pellets' and testosterone therapy. I agree to allow Dr .Weber and/or his colleagues to implant the testosterone pellets. I agree to the above mentioned follow up and will notify my healthcare practitioner. I understand that Prairieland Wellness Center will not be assuming my healthcare. I agree to hold Prairieland Wellness Center and its staff harmless for any complications that may occur.

Patient signature: _____

Date: _____

Witness signature: _____

Date: _____

Version: June 2020

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PAYMENT INFORMATION & PRICE LIST

Initial Consultation Fee - \$150

This is a one-time fee charged at the initial visit to review your labs and your medical history, and to evaluate whether you are a candidate for testosterone pellet therapy. If you are a candidate, we will develop a treatment plan for pellet therapy.

Pellet Insertion Fees:

Procedure Fee - \$225 (effective 1/1/2018)

This fee is charged at each pellet insertion visit.

Pellet Insertion Kit - \$60

This fee is charged at each pellet insertion visit.

Bioidentical Testosterone Pellet – variable fee (\$16-23 each)

Women require an average of 2-3 pellets per insertion.

Prairieland Wellness Center **does not** accept insurance for any services. Payment must be made in full **at the time of service** by cash, check or credit card (Visa or Mastercard). We will provide you with the necessary paperwork to provide to your insurance company should you wish to seek reimbursement. However, we cannot intercede for you with your insurance company.

Payment Agreement:

I have read and understand the above information. 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 or flexible spending account for possible reimbursement. I have been advised that most insurance companies, including Medicare, do not consider pellet therapy to be a covered benefit. I understand that my insurance company may not reimburse me.

Patient signature: _____

Date: _____

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FREQUENTLY ASKED QUESTIONS

- **Why do I need testosterone?**
Testosterone is the third female hormone and is just as essential as estrogen and progesterone. Women need this hormone to keep their thought processes quick and their libido healthy. Testosterone also improves energy levels, bone density, muscle mass, strength, sleeping habits and may prevent some types of depression.
- **What are the side effects of pellet therapy?**
Side effects from the insertion of the pellets include minor bleeding or bruising, discoloration of the skin, infection (rare) and possible extrusion of the pellets (rare). Testosterone itself may cause an increase in the production of red blood cells so a complete blood count will be drawn once a year to monitor for these changes. If the level gets too high, a unit of blood may be donated. Some patients may also notice an increase in facial hair or acne.
- **How long will it take for my pellets to start working?**
In about 24-72 hours you may begin seeing effects. It takes about three to five weeks to get the full effect.
- **How long will my pellets last?**
Three to four months is typical for women.
- **Where are the pellets inserted and where do they go after three months?**
The insertion of pellets is a simple, relatively painless, in-office procedure done under local anesthesia. The pellets are usually inserted in the lower abdominal wall or upper buttocks through a small incision. Over time the pellets dissolve into the body so you do not have to have them removed.
- **Do I need to take any other hormone medications?**
Usually not, although some patients may benefit from a low-dose progesterone pellet for breakthrough symptoms.
- **Does testosterone improve depression and anxiety?**
Yes. In fact, many patients who get testosterone implants are able to come off of their antidepressants.
- **I get horrible headaches – will the pellets help me?**
In most cases, yes. Patients with a history of migraine headaches and menstrual headaches have had great improvement of their headaches after pellet therapy.
- **My doctor says there isn't any data to support the use of bioidentical hormone pellets.**
Your doctor is wrong. In fact, bioidentical hormone pellets have been used in both men and women since the late 1930's, and there is more data to support the use of bioidentical hormone pellets than any other form of hormone therapy. In other words, there is a difference between "no data" and "not having read the data."