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[www.prairielandvitality4life.com](http://www.prairielandvitality4life.com)

*Vitality*  
**4** *life*

BIOIDENTICAL HORMONE  
REPLACEMENT THERAPY

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## New Patient Information Packet

**4** **MEN**

**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

# Vitality4Life

## THE BENEFITS OF TESTOSTERONE PELLETS

Testosterone levels begin to decline in men when they are in their early 30's. While most men are able to maintain adequate levels of testosterone into their mid 40's to mid 50's, even men in their 30's can be testosterone deficient. The signs of testosterone deficiency include fatigue, depression, erectile dysfunction, difficulty sleeping, mental decline, and bone loss. Regardless of your age, you should be tested when you begin to show signs of testosterone deficiency.

If you are found to be hormone deficient, 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 testosterone therapy, 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

Even patients who have failed other types of hormone therapy have a very high success rate with pellets. And the best part is that the insertion of pellets is a simple, relatively painless procedure done under local anesthesia.

It's never too late to benefit from hormone 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.
  - Prostate Exam - 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 (\_\_\_\_) \_\_\_\_-\_\_\_\_

### Aging Male Symptoms (AMS)\*

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
	-----	-----	-----	-----	-----
<b>Symptoms:</b>	0	1	2	3	4
1. Decline in your feeling of general well-being . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Joint pain or muscular discomfort . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Excessive sweating (unexpected/sudden episodes of sweating, hot flashes) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. Increased need for sleep (often feeling tired) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Irritability (feeling aggressive, easily upset, moody) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Nervousness (restless, fidgety, feeling tense) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anxiety (feeling panicky) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Physical exhaustion / lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, getting less done, feeling of achieving less) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Decrease in muscular strength (weakness) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
12. Feeling that you have passed your peak . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feeling burnt out (feeling like you hit rock-bottom) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decrease in beard growth . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Decrease in ability/frequency to perform sexually . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Decrease in the number of morning erections . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Decrease in sexual desire/libido (lacking pleasure in sex) . . . . .	<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>(6, 7, 8, 11, 13)</small>	Somatic Score: ____ <small>(1, 2, 3, 4, 5, 9, 10)</small>	Sexual Score: ____ <small>(12, 14, 15, 16, 17)</small>	<b>Composite Score:</b> _____
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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 - Male

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"/> Prostate Problems           | <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 have a history of testicular cancer:      Yes              No

I have a history of prostate cancer:      Yes              No

I have a history of elevated PSA:      Yes              No

Last Prostate Exam:                      Normal              Abnormal              Date: \_\_\_\_\_

Last PSA:                                      Normal              Abnormal              Date: \_\_\_\_\_

### Previous Surgeries:

Have you ever had surgery:              Yes              No

Type    Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social History (circle the answer that best fits):**

My marital status is:	Married	Separated	Divorced	Widowed
I am currently sexually active:	Yes	No		
I wish to have more children:	Yes	No		
Tobacco Use:	Currently	Previously	Never	
Alcohol Use:	Currently	Previously	Never	
Drug Use:	Currently	Previously	Never	
Hours of Exercise per Week:	_____			

*By signing this form, I attest that the information provided is as accurate as possible.*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

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## MALE TESTOSTERONE PELLET IMPLANTATION CONSENT FORM

Testosterone pellet implantation has been used for androgen replacement since the 1940's in the US. Current implants are well standardized and release testosterone at a very consistent rate for 3-6 months depending on the patient. Testosterone pellets are implanted under the skin of the upper buttocks. This is performed by a physician or trained healthcare provider as an outpatient office procedure under local anesthesia. The procedure takes about 10 minutes and is associated with minimal discomfort. Complications are rare and include extrusion of the pellet, bleeding, and infection. Slight tenderness and bruising of the skin at the site of the implant can be normal.

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 injections and 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 does not cause prostate cancer, but may stimulate an undiagnosed prostate cancer. Men may elect to be treated with pellets if their PSA is  $< 1.5$ . In the event of a PSA  $> 1.5$ , the pellets can be placed after a patient has been treated with another form of testosterone for a minimum of 3 months and a PSA has remained stable. PSA levels will be monitored annually if stable and more frequently if elevated while you are on pellet therapy. Testosterone may also 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, hair thinning, decrease sperm production and decrease testicular size all of which are dose dependent. Typically, the dose can be adjusted to offset these side effects. In patients receiving long-term androgen therapy, rare instances of hepatocellular cancer have been reported.

Routine follow-up testing of hormone levels is not needed for patients receiving testosterone-only pellets who have the expected response to therapy. Should you develop breast swelling or tenderness, or fluid retention, additional bloodwork may be done to assess the absorption of testosterone and the conversion to estrogen. If your body is converting too much testosterone into estrogen, you may need to take an additional medication called anastrozole (given in oral or pellet formulation) to prevent this conversion while you are receiving testosterone therapy.

### **Instructions for testosterone implants:**

- You must notify the physician of any allergies or bleeding problems prior to the procedure including anti-coagulant (Coumadin, Plavix) or high-dose aspirin therapy.
- You may drive yourself to and from the procedure.
- You should avoid vigorous physical activity for 5 days following the insertion of the pellets.
- You may shower in 24 hours, but you should avoid swimming pools, hot tubs and bathtubs for 4-5 days.
- Infection is rare. However, if you develop warmth, swelling, pus or discharge at the site of the implant you should contact our office for further recommendations. An antibiotic *may* be given.
- You should notify your primary health care provider that you have the testosterone implants so that appropriate follow-up care, including any necessary bloodwork can be ordered.
- If your PSA increases on testosterone therapy, you may need to see an urologist.

*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**

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 (\$24-32 each)**

Men require an average of 6-10 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). A 2.7% processing fee will be added to all card transactions. 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 these fees are subject to change. I understand that, should I wish, 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

- **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.*
- **Does testosterone cause prostate cancer?**  
*No. The byproducts of testosterone, dihydrotestosterone and estrone, are the agents that cause prostate enlargement and contribute to prostate cancer. Because testosterone pellets contain pure hormone, they are not metabolized into byproducts.*
- **Why are testosterone pellets better than patches, shots or pill forms of testosterone?**  
*Testosterone pellets are pure bioidentical hormones so they are not metabolized into byproducts like other supplemental forms of testosterone.*
- **Why are testosterone pellets better than Viagra?**  
*Testosterone fixes the real problem, which is a decreased libido and sexual response due to low hormone levels. Viagra, on the other hand, only treats the symptom of decreased erectile function, but does not fix the sexual desire issue. Furthermore, Viagra has many side effects and only works when you take it.*
- **How long will it take for my pellets to start working and how long will they last?**  
*It takes about three to five weeks to get the full effect and they last for four to six months in most men.*
- **Where are the pellets inserted and where do they go after six 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.*
- **If I have diabetes, will testosterone pellets help with my sexual response?**  
*In most cases, yes. This is because testosterone increases insulin sensitivity, which will decrease triglycerides, stabilize your blood sugar, and improve the status of your diabetes. However, if your diabetes is advanced and has caused narrowing of the vessels going to your pelvis, then your sexual function may not improve.*
- **Will my testicles shrink while I take the testosterone pellets?**  
*Yes, they will. Testicles are suppressed by taking any form of testosterone because they do not need to make testosterone while the pellets are working. When pellets wear off, it takes a few months for the testicles to recover.*
- **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."*