

General Hormone Injections Informed Consent

Client's name _____ Date _____

Hormones are generated by your body's endocrine glands and work as messengers to trigger certain tissues or organs to respond in different ways. Hormones can provide particular benefits such as: aid in growth and development, support metabolic activity, stimulate sexual function, help with reproductive purposes, and to enhance your mood. The body is very sensitive to the amount of hormones in the bloodstream and a hormone imbalance can occur if there is too little or too much of the chemical. Sometimes an injection of a particular hormone may be necessary to support normal bodily function.

Hormone Injections are better absorbed by the body since they go directly into the blood stream. Alternatives to these injections are Oral Vitamins, Capsules, and Tablets.

Hormone Injections common side effects include but are not limited to:

1. Risks: I understand there is risk of mild diarrhea, upset stomach, nausea, a feeling of pain and a warm sensation at the site of the injection, a feeling, or a sense, of being swollen over the entire body, headache and joint pain.
2. If any of these side effects become severe or troublesome I will contact my physician immediately.
3. I understand that although rare Hormone injections can result in serious side effects. Although this is a relatively rare occurrence, anyone taking Hormone injections should be aware of the possibility. Uncommon side effects are much more serious than the common side effects of Hormone injections, and such side effects should be reported to a physician to be evaluated for seriousness. Uncommon and dangerous side effects include, but are not limited to:
 - Headache
 - Tiredness
 - Digestive system problems
 - Menopausal symptoms (for females)
 - Effects on your muscles and bones
 - Weight gain
 - Memory problems
 - Mood swings and depression
 - Water retention
 - Indigestion or nausea
 - Sleeplessness
 - Problems getting an erection (for males)
 - Hot flushes and sweating
4. Before starting the Hormone injections I will make sure to tell my Physician if I am pregnant, lactating or have any of the following conditions.

- Cardiovascular Endocrinology
- Growth Disorders
- Hormone Abuse
- Menopause
- Osteoporosis
- Pituitary Disorders
- Polycystic Ovary Syndrome
- Reproductive Endocrinology
- Thyroid Conditions/Disorders
- Dependent on intravenous nutrition (TPN) or liquid nutrition products for food
- Diabetes, mellitus, or high blood sugar levels
- An unusual or allergic reaction other medicines, foods, dyes, or preservatives

5. I understand that certain herbal products, vitamins, minerals, nutritional supplements, prescription and non prescription medications may result in side effects when they interact with the Hormone Injection.

6. Treatments: Will be determined by the provider.

I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or Court cost and reasonable legal fees, should this be required.

By signing below, I acknowledge that I have read the foregoing informed consent and agree to the treatment with its associated risks. I hereby give consent to perform this and all subsequent Hormone Injections with the above understood. I hereby release the doctor, the person injecting the Hormone, and the facility from liability associated with this procedure.

Patient Signature _____ *Date:* _____