



Dr. Sudha Moola

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HORMONE REPLACEMENT THERAPY (HRT) PATIENT INTAKE FORM

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

Phone: _____ Email: _____

MEDICAL HISTORY

What is the primary reason for your visit?

Current weight: _____ Height: _____

Do you have any of the following symptoms? (check all that apply)

☐ Recent weight loss	☐ Recent weight gain	☐ Fevers	☐ Skin rash	☐ Pelvic pain
☐ Severe mood swings	☐ Nipple discharge	☐ Pain with intercourse	☐ Swelling in feet	☐ Heartburn
☐ Nausea	☐ Blood in stool	☐ Diarrhea	☐ Excessive thirst	☐ Irregular vaginal bleeding
☐ Black-colored stools	☐ Abdominal pain	☐ Decreased appetite	☐ Frequent urination	☐ Burning with urination
☐ Blood in urine	☐ Leaking of urine	☐ Varicose veins	☐ Night sweats	☐ Seizures
☐ Easy bruising	☐ Vaginal discharge	☐ Vaginal dryness	☐ Constipation	☐ Feeling cold/hot all the time
☐ Nervousness	☐ Memory loss	☐ Lumps in breast	☐ Depression	☐ Chest pain
☐ Painful periods	☐ Hot flashes	☐ Joint pain	☐ Vomiting	☐ Vaginal itching
☐ Low sex drive	☐ Trouble sleeping			

HORMONE THERAPY SAFETY SCREENING

Have you ever had any of the following? (check all that apply)

☐ Breast cancer	☐ Endometriosis	☐ Ovarian cancer	☐ Gallbladder disease	☐ Uterine cancer
☐ Stroke or mini-stroke (TIA)	☐ Clotting disorder	☐ High blood pressure	☐ Liver disease	☐ Heart disease
☐ Unexplained vaginal bleeding	☐ Migraines with aura	☐ Diabetes	☐ Uterine fibroids	☐ Blood clot (DVT/PE)
☐ Osteoporosis/osteopenia	☐ Depression/anxiety	☐ Thyroid disease		

Do you smoke or vape? ☐ Yes ☐ No If yes, how much? _____

Family history (parent, sibling, child) of: ☐ Breast cancer ☐ Ovarian cancer ☐ Blood clots ☐ Osteoporosis

☐ Heart disease before age 60

Are you allergic to peanuts? ☐ Yes ☐ No

Other allergies (medications, foods, latex): _____

Current medications, vitamins, and supplements (include dose): _____

Are you currently using any hormones (pills, patches, creams, pellets, injections)? ☐ Yes ☐ No

If yes, what and how long? _____



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OB/GYN HISTORY

Age of first menstrual period: _____ Length of menstrual flow in days: _____

Amount of flow: ☐ Light ☐ Medium ☐ Heavy

Do you have regular menstrual periods? ☐ Yes ☐ No

First day of last menstrual period: _____ Age at menopause (if applicable): _____

Is there any chance you could be pregnant? ☐ Yes ☐ No

Have you ever had an abnormal Pap smear? ☐ Yes ☐ No

How was it treated? _____

Have you ever had a sexually transmitted infection? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever used birth control? ☐ Yes ☐ No

If yes, what type and when? _____

Do you have a uterus? ☐ Yes ☐ No Do you have ovaries? ☐ Yes ☐ No (☐ One ☐ Both)

Date of last: Mammo _____ Pap _____ Bone density scan _____ Colonoscopy _____

Were any results abnormal? ☐ Yes ☐ No

If yes, explain: _____

PREGNANCY HISTORY

Date	Weeks at Delivery	Baby's Sex / Vaginal or C-Section / Complications

CONSENT FOR HORMONE REPLACEMENT THERAPY

I, the undersigned, authorize and give my informed consent to Dr. Sudha Moola, and clinical staff working under Dr. Moola's supervision, to prescribe and/or administer hormone replacement therapy (HRT).

ABOUT BIOIDENTICAL AND COMPOUNDED HORMONES

I understand that "bioidentical" hormones have the same chemical structure as hormones made by the body. Some bioidentical hormones are FDA-approved products (for example, certain estradiol patches, gels, and tablets, and oral micronized progesterone). Custom-compounded hormone preparations made by a compounding pharmacy are **not** FDA-approved and have not been reviewed by the FDA for safety, effectiveness, or consistency of dose. Major medical organizations, including the American College of Obstetricians and Gynecologists (ACOG) and The Menopause Society, advise that bioidentical and compounded hormones should be assumed to have the same risks as other hormone therapy.



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I understand that my treatment may include FDA-approved products, compounded products, or both, and that Dr. Moola will discuss which are recommended for me.

ALTERNATIVES TO HORMONE REPLACEMENT THERAPY

I understand that reasonable alternatives to hormone replacement therapy include:

- Doing nothing and leaving my hormone levels as they are. Risks may include, but are not limited to, continuing symptoms of hormone deficiency (such as hot flashes, night sweats, sleep problems, and vaginal dryness) and bone loss.
- Treating symptoms with non-hormonal therapies, such as lifestyle changes, non-hormonal prescription medications, and vaginal moisturizers or lubricants.

EXPECTED BENEFITS OF HORMONE REPLACEMENT THERAPY

- Relief of hot flashes and night sweats. Hormone therapy is the most effective treatment for these symptoms.
- Relief of vaginal dryness and pain with intercourse.
- Prevention of bone loss and a reduced risk of fractures, including hip fractures (also found in the WHI study).
- Possible improvement in sleep, mood, and quality of life related to menopausal symptoms.
- A reduced number of colorectal cancers was observed in women taking combined HRT in the WHI study.
- I understand that Dr. Moola cannot guarantee any health benefits, or that there will be no harm, from the use of hormone replacement therapy.
- Medical science is always making new discoveries. This could include the discovery of other benefits, or other risks, besides the ones listed in this form.

RISKS AND SIDE EFFECTS OF HORMONE REPLACEMENT THERAPY

Some of the following risks and adverse reactions are taken from the official U.S. Food and Drug Administration (FDA) labeling for these medications. Dr. Moola intends to prescribe the lowest effective dose for my symptoms and may monitor my hormone levels, symptoms, and overall health during treatment.

I understand that any treatment involves risks, and that it is not possible to anticipate all side effects or adverse outcomes.

The Women's Health Initiative (WHI), published in 2002, studied more than 16,000 women between the ages of 50 and 79 who took either combined estrogen plus progestin (Premarin® and Provera®) or a placebo. Compared with women taking the placebo, women taking combined hormones had the following results per 10,000 women per year:

- **Heart attacks:** 37 in women taking hormones vs. 30 in women not taking hormones.
- **Invasive breast cancer:** 38 vs. 30.
- **Stroke:** 29 vs. 21.
- **Blood clots (venous thromboembolism [VTE]):** 34 vs. 16.
- **Hip fractures:** 10 vs. 15 (fewer fractures in women taking hormones).
- **Colorectal cancer:** 10 vs. 16 (fewer cancers in women taking hormones).



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In the WHI study of women without a uterus who took estrogen alone, the risk of breast cancer was not increased. Later analyses found that for healthy women who begin hormone therapy before age 60 or within 10 years of menopause, the benefits generally outweigh the risks. Starting hormone therapy at an older age, or more than 10 years after menopause, carries greater risk.

The hormones I may use are not chemically identical to those used in the WHI study. However, I understand that there is no reliable scientific evidence that bioidentical or compounded hormones are safer, and that I should assume they carry similar risks.

GENERAL

I understand that the general risks of this therapy may include, but are not limited to:

- Bruising, soreness, pain, and possible infection with hormones given by injection.
- Skin irritation with creams, gels, or patches.
- **Hormone creams and gels can transfer to other people and pets through skin contact.** I will wash my hands after applying, cover the area with clothing, and avoid skin-to-skin contact with children, partners, and pets until the product has dried.

I understand that there are risks, both known and unknown, to any medical treatment, and that no one can guarantee a successful result. I acknowledge and accept these known and unknown general risks.

ESTROGEN

A prescription hormone that may be given by pill, skin patch, gel, cream, vaginal product, or injection.

Risks associated with estrogen include, but are not limited to: blood clots, stroke, heart attack, gallbladder disease, growth of uterine fibroids, and breast cancer (with long-term combined use). Estrogen taken without progesterone increases the risk of uterine (endometrial) cancer in women who have a uterus. Estrogen taken by mouth carries a higher risk of blood clots than estrogen applied to the skin.

Estrogen is generally not recommended for women with a history of: breast or uterine cancer, blood clots or phlebitis, stroke or heart attack, active liver disease, unexplained vaginal bleeding, or pregnancy. It should be used with caution in women with gallbladder disease, uterine fibroids, migraines, or high triglycerides.

Side effects may include, but are not limited to: breast tenderness, bloating and fluid retention, irregular vaginal bleeding or spotting, headaches or worsening migraines, nausea, and mood changes.

PROGESTERONE

A prescription hormone, usually taken by mouth or applied as a cream. Women who have a uterus and take estrogen need progesterone to protect the lining of the uterus from cancer. Progesterone creams may not be absorbed well enough to protect the uterus. Dr. Moola will discuss the right form for me.

Bioidentical (micronized) progesterone is different from synthetic progestins, such as the Provera® used in the WHI study. Some studies suggest micronized progesterone may carry a lower risk of breast cancer and blood clots than synthetic progestins, but this has not been proven in large, long-term studies. **Some oral progesterone capsules contain peanut oil. I will tell Dr. Moola if I have a peanut allergy.**



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Side effects of progesterone may include, but are not limited to: drowsiness or dizziness (it is often taken at bedtime), breast tenderness, bloating, fluid retention, mood changes, depression, anxiety, headaches, acne, and irregular vaginal bleeding.

TESTOSTERONE

Testosterone is sometimes prescribed to women in low doses. **No testosterone product is currently FDA-approved for women in the United States; its use in women is "off-label."** The best evidence supports its use for low sexual desire that causes distress in postmenopausal women. Testosterone is usually considered only after estrogen and progesterone are properly balanced, if low libido continues despite other measures.

Side effects may include, but are not limited to: acne, oily skin, unwanted hair growth on the face or body, and thinning of scalp hair. At higher levels, it may cause deepening of the voice or enlargement of the clitoris, **which may be permanent.** The long-term effects of testosterone on the heart and breasts in women are not known. My blood levels will be monitored to keep them within the normal range for women.

MY COMPLIANCE OBLIGATIONS WHILE RECEIVING HORMONE REPLACEMENT THERAPY

I agree to follow the treatment as prescribed, including the fact that I may be responsible for injecting, taking by mouth, applying to my skin, or otherwise administering the hormone(s) prescribed to me. I consent to periodic monitoring when requested, which may include:

- Laboratory testing of blood or urine chemistries and hormone levels
- Physical and pelvic examinations
- Regular screening, such as mammograms and Pap tests

I agree to notify Dr. Moola's office of any signs or symptoms of a possible reaction to my therapy, including any abnormal vaginal bleeding or breast lump. **I will call 911 or go to the nearest emergency room right away if I have chest pain, shortness of breath, pain or swelling in one leg, a sudden severe headache, or sudden changes in vision, speech, or strength.**

I agree to follow the other healthy lifestyle recommendations made for me. I have completely disclosed my medical history to Dr. Moola, including all prescription and non-prescription medications I am taking or plan to take during treatment, as well as any over-the-counter medications, recreational drugs or social substances, herbs, extracts, and other dietary supplements.

I agree to follow the recommendations about continuing or stopping these preparations. I will talk with Dr. Moola before stopping any prescribed treatment or taking additional preparations that were not recommended.

I certify that I am under the care of a physician(s) for any and all of my other medical conditions.

I certify that I have been given the opportunity to ask any and all questions I have about the proposed treatment, that I received all requested information, and that all my questions were answered. I fully understand that I have the right to refuse hormone replacement therapy, and to stop treatment at any time. I believe I have adequate knowledge upon which to base an informed consent.



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I attest that I have read and fully understand this form and its contents and clinical meaning, that I have discussed this treatment with Dr. Moola, and that I consent to this treatment. I hereby sign this authorization for the proposed long-term treatment. I have been offered a copy of this consent form.

Patient Name (print): _____ Date of Birth: _____

Patient Signature: _____ Date: _____

If signed by a legal representative:

Name: _____ Relationship: _____

Provider Signature: _____ Date: _____

Witness Signature: _____ Date: _____