

COLEMAN NATURAL HEALTH & WELLNESS, LLC
MALE QUESTIONNAIRE & CHECK LIST

NAME: _____ DOB: _____

HOW DID YOU HEAR ABOUT US: _____

HEIGHT: _____ WEIGHT: _____ RACE: _____

CURRENT MEDICATIONS: _____

CURRENT NON-PELLET TESTOSTERONE DOSE & FORM: _____

ALLERGIES: _____

PREVIOUS TESTOSTERONE DOSE (RETURNING PTS): _____

HISTORY OF RENAL DISEASE: YES NO

ACTIVE LIVER DISEASE: YES NO

HISTORY OF HYPERTENSION: YES NO

HISTORY OF PROSTATE CANCER: YES NO

HISTORY OF BENIGN PROSTATIC HYPERTROPHY: YES NO

HISTORY OF DIABETES: YES NO

HISTORY OF COLON CANCER: YES NO

HISTORY OF TESTICULAR CANCER: YES NO

HISTORY OF METABOLIC SYNDROME: YES NO

PLEASE FORWARD THIS FORM ALONG WITH THE FOLLOWING INFORMATION PRIOR TO YOUR APPOINTMENT:

_____ BLOODWORK RESULTS (INC. HEMOGLOBIN A1C FOR DIABETIC PTS)

_____ CURRENT PHYSICAL

_____ BONE DENSITY (IF YOU'RE AGE 40 OR OLDER)

~ 2 PIDGEON HILL DRIVE, SUITE 490 ~
~ STERLING, VA 20165 ~
PHONE (703) 444-9949 ~ FAX (703) 444-9950



COLEMAN NATURAL HEALTH & WELLNESS, LLC

Hormonal Male Testosterone

Acknowledgement Insertion Form

Although this therapy has been approved for human use, there are few doctors who currently administer testosterone pellets in the United States. I realize that this is not the usual and customary means of prescribing testosterone. I realize that the advantage of testosterone for me may include: a) behavioral changes including decreasing depression, decreasing anxiety and irritability, increasing energy and motivation, stabilizing moods, allowing one to cope better, improving one's self-image and self-worth, and enhancing one's stamina; b) improvement in one's cognitive function so one is no longer operating "in a fog," improving short-term memory and allowing one to stay focused to complete a task; c) physical effects such as decreasing total body fat, increasing lean body mass, increasing muscle mass, and increasing bone mass; and d) sexual benefits such as increasing libido, increasing early morning erections, increasing firmness, and duration of erections.

I realize there are potential concerns with testosterone therapy and they include the possibility of enhancing a current prostate cancer to grow more rapidly. For this reason, a rectal exam and prostate specific antigen blood test is to be done before starting testosterone and will be conducted each year thereafter. If there is any question about possible prostate cancer, I consent to a follow-up with an ultrasound of the prostate gland.

The second concern we have with testosterone therapy is that it may increase one's hemoglobin and hematocrit, or thicken one's blood. This can be reversed through donating blood periodically. This problem can be diagnosed with a blood test. Thus a complete blood count should be done at least annually.

The final major concern we would have, especially in younger men, is the testosterone administration can suppress the development of sperm and the sperm count could dramatically reduce while a person is on the testosterone therapy. However, to date, this appears to be a reversible process and once the testosterone is discontinued, the sperm count is restored. This is extremely important in younger men taking testosterone therapy. In this early stage, we have encouraged them to produce samples and have them frozen, just in case there is any permanent long-term effect in their situation. We have encouraged any men who are concerned about their fertility in the future to have semen analysis prior to initiation of testosterone therapy. Currently, testosterone administration is not to be used as a form of male contraception.

My signature certifies I have read and agree to the above. I have been encouraged to ask any questions regarding testosterone pellets. My questions have been answered to my satisfaction.

Patient Signature

Date



COLEMAN NATURAL HEALTH & WELLNESS, LLC

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you that may be used and disclosed and how you can get access to this information. Please read it carefully.

Coleman Natural Health & Wellness, LLC is committed to high quality patient care. We are required by law to keep your health care information confidential. We are also required by law to provide you with this notice of our legal responsibilities. According to federal and state laws, we can use your private health information for the items listed below.

We may use and disclose personal and identifiable health information:

- **For Treatment:** We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures.
- **For Health Care Operations:** We may use and disclose information about you for the general operation of our business. We may leave appointment information on an answering system or voice mail that is connected to any telephone number you may give us.

Our staff members are trained to maintain your confidentiality during your visits to our practice; however, by federal and/or state laws, or other obligations, we may disclose your private information for certain reasons without your authorization. Some of those reasons may be: for public health risks, lawsuit proceedings, law enforcement requests, research, study purposes, outside business associate requests. You have the following rights regarding your personal health care information:

- You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept it.
- You have the right to request that you receive communications containing your protected health information from us by alternative means. For example, you may ask that we only contact you at home or by mail.
- You have the right to inspect and copy any or all of your information, however your request may be required to be in writing, a fee may be charged and a minimum of 24 hours notice may be required. All requests are subject to verification.
- If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.
- You have the right to file a complaint with us to correct the existing information below, or with the US Department of Health and Human Services.
- You have the right to provide us with an amendment to your authorization at any time, if you have authorized us usage of your health information for reasons other than treatment, payment of health care operations.

We will continue to evaluate our efforts to protect your personal information and make every effort to keep your personal information accurate and up to date. We will also use our professional judgment and our experience with common practice to make a reasonable decision for your best interest in allowing a person to pick up records. If we modify this notice we will provide you with advance notice of the changes and allow you the opportunity to opt out of such disclosure. I hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Printed Name: _____

Signed: _____

Date: _____



COLEMAN NATURAL HEALTH & WELLNESS, LLC

STATEMENT OF FINANCIAL RESPONSIBILITY

Initial Hormone Consult:

We will submit all initial consults to insurance for services rendered on your behalf. Any portion not covered by your insurance due to deductibles, co-payments or coinsurance are patient responsibility. Patients who do not have medical insurance will be expected to pay charges incurred on the date of service.

Insertion & Pellet Fees:

Most insurance companies are not covering Bio-Identical Hormone-Replacement Therapy at this time. Therefore patients are responsible for their balance at the time of service. Our office will provide a copy of the itemized bill at the end of the visit. Patients may submit this to their insurance for reimbursement if they choose to.

Insertion fee for initial visit:	\$190.00
Insertion fee for follow up visits:	\$80.00
Pellet fee for initial visit:	\$55.00 each
Pellet fee for subsequent visits:	\$50.00 each

Women typically receive 1-3 pellets
Men typically receive 7-10 pellets

These amounts can vary based on blood work results, medical history & consult with doctor

Payment Options:

Our offices accept Visa, MasterCard, and American Express. Our offices also accept personal checks or cash.
There will be a nonadjustable fee for all returned checks.

I have read the above statement and agree to its terms.

Print _____

Signature _____

Date _____



COLEMAN NATURAL HEALTH & WELLNESS

MEDICAL HISTORY

Name: _____ Date: _____
Address: _____ Age: _____ Sex: _____
Home Phone: _____ Cell: _____ Marital Status: _____
Emergency Contact / Phone: _____

ALLERGIES TO MEDICATIONS, X-RAY DYES OR OTHER SUBSTANCES? YES NO
(If yes, please list medications and type of reaction)

MEDICATIONS (PRESCRIPTION, OVER THE COUNTER, HERBS, VITAMINS, ETC.)

Table with 4 columns: Drug Name, Dosage, Drug Name, Dosage. Includes horizontal lines for data entry.

PAST MEDICAL HISTORY & REVIEW OF SYSTEMS

(Please circle if you have had problems with or are presently complaining of any of the following):

Table with 3 columns listing medical conditions such as HIGH BLOOD PRESSURE, DIABETES, CANCER, HEART DISEASE, CHEST PAIN/TIGHTNESS, etc.



COLEMAN NATURAL HEALTH & WELLNESS

PLEASE LIST AND SUPPLY DATES FOR THE FOLLOWING

Last Blood Stool: _____ Results: _____

Last Cholesterol: _____ Results: _____

Last Prostate Exam: _____ Results: _____

Last PSA (blood test): _____ Results: _____

Operations: _____

Hospitalizations: _____

FAMILY HISTORY

Has any member of your family (including parents, grandparents, & siblings) ever had the following:

ILLNESS	WHICH FAMILY MEMBERS?	AGE @ DIAGNOSIS
Cancer (type)	_____	_____
Hypertension	_____	_____
Heart Disease	_____	_____
Diabetes	_____	_____
Stroke	_____	_____
Drug/Alcohol Abuse	_____	_____
Glaucoma	_____	_____
Bleeding Disease	_____	_____
Mental Illness	_____	_____