

4. Hormone Replacement Therapy (HRT) Consent

PATIENT NAME: *	
The Nature of the Treatment	
I hereby give my consent for evaluation and treatment	by XENA HEALTH, LLC and Cherie Little, DNP, FNP-C, WHNP-
BC and other healthcare practitioners of the following	specified condition(s): Menopause, menopausal symptoms or
Sexual Wellness (including potential repletion of estrog	gen/estradiol, progesterone, DHEA, testosterone).
I acknowledge that treatment with	
testosterone, bioidentical hormone	
replacement therapy, B12, and thyroid	
optimization are considered off label use of	
the associated medications and have not $\ \square$ I	Agree
been FDA approved for the use of health	
optimization, wellness, weight loss and/or	
for anti-aging purposes unless there is true	
medical necessity. *	
I understand that hormone replacement	
therapy is purely elective and that is may	Agree
not be deemed medically necessary by	, igioc
insurance companies. *	
I agree to the administration of hormone replacement	therapy and drugs designed to alter hormone levels, all as
appropriate to my specific diagnosis, particular conditi	on and treatment objectives.
PATIENT SIGNATURE: *	
DATE: *	
Alternative Treatments	
I have been informed about alternative treatments and	understand:
That we can leave the hormone levels alone.	
2. Treating age related diseases as they appear.	
3. Using pharmaceutical agents that are not bioidentic	al in nature (synthetics)
PATIENT SIGNATURE: *	
DATE: *	



Side Effects and Potential Risks

Women: I understand that the possible side effects for women on estrogen, progesterone and/or testosterone may include breast swelling and/or discomfort, fluid retention, dizziness, thickening of the lining of the uterus (break-through bleeding), acne, unwanted hair growth, headaches, slight deepening of the voice, slight enlargement of the clitoris, potential increased risk of blood clots, and worsening of (1) ovarian cysts, (2) uterine fibroids, (3) endometriosis, and (4) fibrocystic disease. *

Women: I understand that the possible serious side effects for women on hormone replacement therapy including estrogen, progesterone and/or testosterone can be an acceleration in the growth of gynecological cancers, elevations in hematocrit which could potentially predispose one to a blood clot, and cardiovascular disease including heart attacks, strokes, and blood clots. I understand that estrogen alone can cause uterine cancer and that I will need to take this with Progesterone for uterine protection (if applicable). *

☐ I Agree



Most of the common side effects with hormone replacement resolve with time. Many of these can be treated by changing your hormone dose and/or adding other medications. I understand that XENA HEALTH, LLC and Cherie Little, DNP, FNP-C, WHNP-BC cannot guarantee any results or that there will be no harm.

I understand that while Testosterone has been shown in medical literature to have benefits in women, that is not currently FDA approved for the use in women and that if I choose to undergo this treatment, it is an off label treatment.

I acknowledge that I should take extreme precaution if I am to use topical testosterone products. If a child or women accidentally is exposed to the testosterone cream/lotion on my body, it could cause a significant increase in their hormone levels which could result in possible side effects.

PATIENT SIGNATURE: *	
DATE: *	

Safety of Hormone Replacement

Although, in my medical providers opinion, the majority of data points toward safety, there remains controversy regarding the correlation between the use of bioidentical hormone therapy and cancer. Recent data demonstrates that natural progesterone and estriol/estradiol may be protective against breast cancer.

Available data supports the safety of hormone replacement therapy in women, and it is of the opinion of XENA HEALTH, LLC and/or Cherie Little, DNP, FNP-C, WHNP-BC, that treatment is safe, but there still remains controversy regarding the correlation between the use of bioidentical hormone replacement and cardiovascular events such as but not limited to: strokes, heart attacks, and blood clots. Some studies have shown correlations between hormone replacement therapy and cardiovascular disease while others show no correlation or even a benefit in preventing cardiovascular disease.



I understand that careful surveillance and close monitoring are requirements of all patients to minimize any possible risk. I understand that XENA HEALTH, LLC AND Cherie Little, DNP, FNP-C, WHNP-BC will monitor my hormone levels and various other laboratory values as they pertain to my treatment goals. However, I also understand that an integral part of health maintenance is obtaining and remaining up to date with age appropriate screening tests aimed at early detection of life-threatening diseases. *

I understand that close monitoring is required by all patients to minimize and prevent any possible risks. I understand that XENA HEALTH, LLC will monitor my blood work including hormone levels. I also understand that it is important to stay up to date with routine screening and health maintenance by my primary care provider to prevent and detect any possible lifethreatening diseases or conditions. *

I acknowledge that XENA HEALTH, LLC and Cherie Little, DNP, FNP-C, WHNP-BC are not my primary care provider. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed at XENA HEALTH, LLC. *

☐ I Agree

☐ I Agree



I agree to obtain and remain up to date on all age-appropriate screenings including, but not limited to, DEXA scans, mammograms, PAP smears, pelvic exams, colonoscopies, cardiac screenings, and any other type of recommended health screenings. I agree to obtain these screenings through the direction of my primary care provider and/or OB/GYN and/or cardiologist and will not hold XENA HEALTH, LLC, Cherie Little, DNP, FNP-C, WHNP-BC, or any additional XENA HEALTH, LLC staff responsible or liable for performing these health maintenance screenings or the treatment of any other conditions not relevant to my treatment goals with XENA HEALTH, LLC. *

XENA HEALTH, LLC, Cherie Little, DNP, FNP-C, WHNP-BC, strongly recommend obtaining yearly mammograms. I understand that certain types of breast cancer, once present, can be stimulated to grow faster by estrogen that is prescribed or even the estrogen within your body. Taking estrogen therapy with an active breast cancer could potentially decrease your chances of survival. Therefore, it is imperative to obtain appropriate yearly screenings. *

☐ I Agree



I am voluntarily requesting treatment with XENA HEALTH, LLC and Cherie Little, DNP, FNP-C, WHNP-BC in regard to hormone replacement therapy and/or additional treatment modalities as determined by a mutual decision between myself and the medical provider even if my hormone levels are considered to be in normal range for my age based off of other medical society recommendations and guidelines. I understand that treatments used at XENA HEALTH, LLC might not be considered a medical necessity. Treatments rendered are for the purpose of improving my quality of life through hormone restoration, nutritional and supplemental counseling, and possibly weight loss treatment. *

☐ I Agree

I agree to notify XENA HEALTH, LLC and Cherie Little, DNP, FNP-C, WHNP-BC immediately if I am to become pregnant while on hormone replacement therapy and to stop it immediately. I understand that being on hormone therapy and becoming pregnant could present a risk to an unborn child. *



I elect to initiate treatment at XENA		
HEALTH, LLC and I give permission to		
XENA HEALTH, LLC and Cherie Little,		
DNP, FNP-C, WHNP-BC and additional		
staff of XENA HEALTH, LLC to begin		
treatment without knowing results of age-		
appropriate and health maintenance		
screenings. In doing so, I release XENA		
HEALTH, LLC, Cherie Little, DNP, FNP-C,		
WHNP-BC and other healthcare	□ I A mus s	
practitioners of any claims of liability for	☐ I Agree	
cardiovascular events, ovarian cancer,		
breast cancer, uterine cancer, cervical		
cancer and/or colon cancer. Further, I		
agree to immediately notify XENA		
HEALTH, LLC, Cherie Little, DNP, FNP-C,		
WHNP-BC and additional staff of XENA		
HEALTH, LLC of any abnormal findings on		
any health screenings done by my primary		
care provider. *		
PATIENT SIGNATURE: *		
DATE: *		

My Obligations and Representations

Any questions I have regarding this treatment have been answered to my satisfaction. I understand that I will be responsible for administering the hormones and/or medications prescribed to me if I do not have them administered to me in clinic. I also promise to comply with the dosages and frequency of medications prescribed to me.

I certify that I am under the regular care of a primary care provider or an OB/GYN or a Women's Health Specialist for any other conditions I might have or am found to have. I will consult with my primary care provider or specialist regarding any other condition I might have. I understand that if I do not have a primary care provider, that I will be encouraged to seek one out. I acknowledge that I am seeking care at XENA HEALTH, LLC for the specific services XENA HEALTH, LLC offers. I acknowledge I am not wanting to establish primary care with XENA HEALTH, LLC and I am here for specialized care including hormone restoration, etc.



I have reviewed the mentioned risks and have determined the benefits outweigh the possible risks associated with hormone restoration and treatment with XENA HEALTH, LLC. I release any claim in court or any type of complaint that could result from treatment with XENA HEALTH, LLC, Cherie Little, DNP, FNP-C, WHNP-BC and any other staff associated with XENA HEALTH, LLC and will not hold liable any provider or staff of XENA HEALTH, LLC.

I understand that treatment modalities utilized by XENA HEALTH, LLC might not be supported by scientific/medical literature and could be seen as experimental or based off anecdotal claims. Many medical providers, including endocrinologists and OB/GYNs, might see these types of treatments as not medically necessary.

PATIENT SIGNATURE: *
DATE: *
<u>Consent</u>
I certify that I have read the above consent and fully understand it. I believe that I have adequate knowledge upon which to base this informed consent. I fully understand what I am signing and hereby request and consent to treatment.
I hereby authorize XENA HEALTH, LLC, Cherie Little, DNP, FNP-C, WHNP-BC and additional staff of XENA HEALTH, LLC to evaluate and treat conditions that I have consented for. I consent to obtaining blood work before treatment so hormone levels can be monitored, and appropriate treatment can be prescribed. I certify that I am signing this under my free will and am competent to make my own medical decisions.
PATIENT SIGNATURE: *
DATE: *

Indemnification Clause

I agree to indemnify, defend, protect, and hold harmless Cherie Little, DNP, FNP-C, WHNP-BC, all medical providers employed by XENA HEALTH, LLC, and XENA HEALTH, LLC; and their respective officers, directors, employees, stockholders, assigns, successors and affiliates (Indemnified Parties) from, against and in respect of all liabilities, losses, claims, damages, judgements, settlement payments, deficiencies, penalties, fines, interest and costs, expenses suffered, sustained, incurred or paid by the indemnified parties, in connection with, results from or arising out of, directly or indirectly, Cherie Little, DNP, FNP-C, WHNP-BC medical providers employed by XENA HEALTH, LLC, and XENA HEALTH, LLC; rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my medical and physical condition, acts or omissions, of Cherie Little, DNP, FNP-C, WHNP-BC, XENA HEALTH, LLC; harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by Cherie Little, DNP, FNP-C, WHNP-BC or XENA HEALTH, LLC. I am aware of the potential side effects associated with the above treatments, accept all the risks involved in taking the medication and will not seek indemnification or damages from the indemnified parties.



PATIENT SIGNATURE: *	
DATE: *	