



PATIENT PROFILE- PLEASE PRINT CLEARLY-PAGE 2

Patient's Last Name

First

Primary Care Physician:  
Address:

Phone Number:

Are you allergic to any medications? Y/N

If yes, please list them:

Do you exercise regularly? Y/N

What exercise program do you follow?

How often do you work out?

What other activities do you do in your leisure time?

Do you play any sports? Y/N What Sports do you play?

**Consent for Use and Disclosure of Information**

*By signing below, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in trust on your prior consent.*

I understand that I am responsible for payment **in full** on the day of my office visit. I further understand that Dr. Childrey's office will **not** file my insurance and that **this service is provided through Health Additions which is out-of-network for all insurance companies. I have been informed that most private insurance companies, Medicare, and Medicaid do not cover bio-identical hormone pellet therapy, and therefore, I will not receive reimbursement for this expense.**

I certify that the information I have read with regard to my insurance coverage is correct and authorize the release of any information, including medical information, to my insurance company (companies) if they request it in order for them to determine benefit coverage for this treatment.

Please print name:

The above information is true to the best of my knowledge:

PLEASE SIGN

Date



# MALE REVIEW OF SYMPTOMS

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>SYMPTOM</b>	<b>NONE</b>	<b>OCCASIONAL</b>	<b>MODERATE</b>	<b>SEVERE</b>
Hot Flashes				
Fatigue				
Night Sweats				
Low Libido				
Insomnia				
Irritable				
Mood Swings				
Weight Gain				
Depression				
Anxiety				
Difficulty Losing Weight				
Poor Exercise Tolerance				
Cold Body Temp				
Cold Hands & Feet				
Hair Loss				
Joint Pain				
Loss of Muscle Mass				
Visual Changes				
Panic Attacks				
Erectile Dysfunction				
Memory Lapses				
Bone Loss				
Water Retention				
Dry Skin				
Urine Incontinence				
Headaches				
Tearful				
Thinning Skin				
Foggy Thinking				
Increased Facial Hair				
Oily Skin				
Allergies				
Acne				
Heart Disease				
Decreased Concentration				
Insulin Resistance				
Swelling/Puffy Eyes				
Sugar Craving				
High Blood Sugar				

# HEALTH ADDITIONS, PLLC

**GREGORY W. CHILDREY, M.D.**

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## **PATIENT CONSENT TO LEAVE DETAILED MESSAGE/INFORMATION**

Dear Patient

Gregory W. Childrey, M.D. requires our staff to obtain prior authorization to leave a detailed voice mail/messages for the patient. This policy is to protect the patient and also to protect our staff from violating the patient's confidentiality. If we do not have a signed consent form on file, the staff may leave only their name and a phone number on an answering machine asking you to call them back.

By completing the consent below, you hereby authorize the staff to call and leave their name, the doctor's name, and additional information on an answering machine or with a specific individual. Unless notified in writing, this consent will remain in effect permanently.

I give my consent to Dr.Childrey and or staff to leave a message regarding treatment, test results and other necessary information.

- 1) On the answering machine at home at this number: \_\_\_\_\_
- 2) On voice mail at work at this number: \_\_\_\_\_
- 3) On my cell phone voice mail at this number \_\_\_\_\_

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Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Please print  
patient's name

I DO NOT Consent to any messages being left on an answering machine other than caller's name and phone number:

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Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Please print  
patient's name

**HEALTH ADDITIONS, PLLC**  
**Gregory W. Childrey, M.D.**

**INSURANCE DISCLAIMER FOR BIO-IDENTICAL HORMONE PELLETT THERAPY  
(BHRT) CONSULTATION**

- Our research has shown that **Medicare, Medicaid, and most commercial insurance companies DO NOT** pay for bio-identical hormone replacement therapy (Testosterone & Estradiol pellets) because they are considered experimental and investigational.
- **\*You are responsible for payment of the office consultation fee in the amount of \$95.00 payable at the time the service is rendered.**
- Our office will **NOT** send anything to **Medicare, Medicaid, or any private insurances pertaining to this service.**
- Dr. Childrey does bio-identical hormone replacement therapy (BHRT) through his business **Health Additions** and is **NOT** contracted with any insurance carriers. **Therefore, he is out-of-network with all plans for any service provided through Health Additions.**

**I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT AT THE TIME OF THE CONSULTATION AND THAT MEDICARE, MEDICAID AND OTHER INSURANCES DO NOT COVER THIS TYPE OF SERVICE. I ALSO UNDERSTAND THAT HEALTH ADDITIONS IS OUT-OF-NETWORK WITH MY INSURANCE AND THEY WILL NOT FILE ANY CLAIMS ON MY BEHALF. I FURTHER UNDERSTAND THAT BHRT IS COMPLETELY ELECTIVE AND THAT NO GUARANTEES HAVE BEEN MADE TO ME REGARDING THE OUTCOMES OF THIS TYPE THERAPY. BY SIGNING THIS FORM, I AM ACKNOWLEDGING THAT I HAVE BEEN INFORMED OF MY FINANCIAL OBLIGATION, AND I CONSENT TO HAVE THE SERVICE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*We reserve the right to change our consultation fee. If you have any questions, please contact our business office prior to your consultation.**

**HEALTH ADDITIONS, PLLC**  
**Gregory W. Childrey, M.D.**

**INSURANCE DISCLAIMER FOR BIO-IDENTICAL HORMONE PELLETT THERAPY  
(BHRT)**

- Our research has shown that **Medicare, Medicaid, and most commercial insurance companies** **DO NOT** pay for bio-identical hormone replacement therapy (Testosterone & Estradiol pellets) because they are considered experimental and investigational.
- **YOU** are responsible for payment in full at the time the pellets are implanted. The cost is as follows:
  - \*Pellet insertion fee for women **\$ 295.00 - \$325.00**
  - \*Pellet insertion fee for men **\$595.00 - \$650.00**
  - \*Iodine supplement fee **\$ 30.00**
- Our office will **NOT** send anything to Medicare, Medicaid, or any private insurances pertaining to this service.
- Dr. Childrey does bio-identical hormone replacement therapy (BHRT) through his business **Health Additions** and is **NOT** contracted with any insurance carriers. **Therefore, he is out-of-network with all plans for any service provided through Health Additions.**

**I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT AT THE TIME PELLETS ARE IMPLANTED AND THAT MY INSURANCE DOES NOT COVER THIS TYPE OF SERVICE. I ALSO UNDERSTAND THAT HEALTH ADDITIONS IS OUT-OF-NETWORK WITH MY INSURANCE AND THEY WILL NOT FILE ANY CLAIMS ON MY BEHALF. I FURTHER UNDERSTAND THAT BHRT IS COMPLETELY ELECTIVE AND THAT NO GUARANTEES HAVE BEEN MADE TO ME REGARDING THE OUTCOMES OF THIS TYPE THERAPY. BY SIGNING THIS FORM, I AM ACKNOWLEDGING THAT I AM FREELY ELECTING TO TRY BHRT AND AGREE TO PAY THE ABOVE FEES.**

Signature \_\_\_\_\_

Date\_\_\_\_\_

**\*We reserve the right to change our fees. If you have any questions, please check with our business office prior to insertion.**

# HEALTH ADDITIONS, PLLC

**Gregory W. Childrey, M.D.**

## HORMONE RELATED CANCER WAIVER FORM

I, \_\_\_\_\_ voluntarily choose to use Bio-Identical Hormone Replacement therapy. Although this therapy has been approved for human use, I understand the risk of using any form of estrogen can increase my risk factor for estrogen related cancer. If I have a personal or family history of any type of cancer, I understand that I am at increased risk of developing cancer, as well as recurrence of my previous cancer whether I use hormone replacement or not. I understand that the use of Bio-identical hormone replacement may increase my risk for possible Estrogen and Testosterone related cancers. I have carefully read the Hormone Related Cancer Waiver Form and still wish to proceed with Hormone Replacement Pellet Therapy.

I understand that I need to continue with my personal medical doctor's routine visits and testing including mammograms and PAP smears when appropriate.

I release Gregory W. Childrey, M.D. and his employees from any liability should any hormone related cancer occur in my case.

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Patient Signature

Date

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Print Patient's Name

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Witness



# HEALTH ADDITIONS, PLLC

**Gregory W. Childrey, M.D.**

## MALE TESTOSTERONE PELLETT INSERTION ACKNOWLEDGEMENT 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 advantages of testosterone may include:

- A)** Behavioral changes including decreasing depression, decreasing anxiety, and irritability, increasing energy and motivation, stabilizing mood, allowing one to cope better, improving one's self image, and enhancing one's stamina.
- B)** Improvement in one's cognitive functions (no longer operating "in a fog"), improving short term memory and allowing one to stay focused on a task.
- C)** Physical effects such as decreasing total body fat, increasing lean body mass, and increasing bone density and muscle mass.
- D)** Sexual benefits such as increased libido, increasing early morning erections, increased firmness and duration of erections.

I realize there are potential concerns with testosterone therapy that may include the possibility of enhancing current prostate cancer to grow more rapidly. Therefore, for this reason, a rectal exam and prostate specific antigen blood test is to be done before starting testosterone and must be done each year thereafter.

The second concern regarding 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 concern, especially in younger men, is that testosterone administration may suppress the development of sperm. The sperm count could dramatically reduce while a person is on testosterone therapy. However, this appears to be a reversible process in which the sperm count is restored once the testosterone is discontinued. We encourage any man who is concerned with his fertility in the future to have semen analysis prior to initiation of testosterone therapy. 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.

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Patient's Signature

Date

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Patient's Printed Name