



Male New Patient Package

The contents of this package are your first step to restore your vitality.

Please take time to read this carefully and answer all the questions as completely as possible.

Thank you for your interest in BioTE Medical®. In order to determine if you are a candidate for bio- identical testosterone pellets, we need laboratory and your history forms. We will evaluate your information prior to your consultation to determine if BioTE Medical® can help you live a healthier life.

A digital prostate exam should be done prior to receiving pellet therapy. If you have had one in the past 12 months, please bring/send medical records indicating this was done. If not, you may opt for the exam at the time of consultation.

***If labs were drawn at an office other than VIK Medical or VIK Medical Concierge, please have results with you at the time of your visit or faxed to : 737.222.5985.**

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

Print Name	Signature	Today's Date
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In the event we cannot contact you by the means you've provided above, we would like to know if we have permission to speak to your spouse or significant other about your treatment. By giving the information below you are giving us permission to speak with your spouse or significant other about your treatment.

Spouse's Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work: _____



Hormone Replacement Fee Acknowledgment

Although more insurance companies are reimbursing patients for the BioTE® Medical Hormone Replacement Therapy, there is no guarantee. You will be responsible for payment in full at the time of your procedure.

New Patient Consult Fee	\$210
Female Hormone Pellet Insertion Fee	\$385
Male Hormone Pellet Insertion Fee	\$715
Male Pellet Insertion Fee (≥2000mg)	\$825

***Additional cost for pre and post pellet labs. Please contact office for panel prices.**

We accept the following forms of payment:

AMEX, Master Card, Visa, Discover, Personal Check or cash

Print Name

Signature

Today's Date



*Age Healthier...
Live Happier...*

MALE HEALTH ASSESSMENT

Name: _____ Date: _____

Email Address: _____

Which of the following symptoms apply to you currently (in the last 2 weeks)? Please mark the appropriate box for each symptom. For symptoms that do not currently apply or no longer apply, mark "none".

Symptoms	Never	Mild	Moderate	Severe	Very Severe
Sweating (night sweats or excessive sweating)					
Increased need for sleep or falls asleep easily after a meal					
Sleep problems (difficulty falling asleep, sleeping through the night or waking up too early)					
Depressive mood (feeling down, sad, lack of drive)					
Irritability (mood swings, feeling aggressive, angers easily)					
Anxiety (inner restlessness, feeling panicked, feeling nervous, inner tension)					
Physical exhaustion (general decrease in muscle strength or endurance, decrease in work performance, fatigue, lack of energy, stamina or motivation)					
Sexual problems (change in sexual desire or in sexual performance)					
Bladder problems (difficulty in urinating, increased need to urinate)					
Erectile changes (weaker erections, loss of morning erections)					
Joint and muscular symptoms (joint pain or swelling, muscle weakness, poor recovery after exercise)					
Difficulties with memory					
Problems with thinking, concentrating or reasoning					
Difficulty learning new things					
Trouble thinking of the right word to describe persons, places or things when speaking					
Increase in frequency or intensity of headaches or migraines					
Rapid hair loss or thinning					
Feel cold all the time or have cold hands or feet					
Weight gain increased belly fat, or difficulty losing weight despite diet and exercise					
Infrequent or absent ejaculations					

Family History	NO	YES		NO	YES
Heart Disease			Alzheimer's Disease		
Diabetes			Prostate Cancer		
Osteoporosis					