

Informed Consent for Testosterone Therapy in Postmenopausal Women

This document is intended to provide you with information about testosterone therapy, its potential benefits, risks, alternatives, and your responsibilities during treatment. Please read carefully and ask any questions before signing.

Purpose of Therapy

Testosterone therapy may be prescribed to improve low sexual desire in postmenopausal women. As there is no female Testosterone product presently approved by the FDA, in the United States, the use of testosterone for women is considered off label, but may be prescribed based on available evidence and clinical judgment.

Potential Benefits

Some women may experience:

- Increased sexual desire and arousal

Not all women will experience these benefits.

Potential Risks and Side Effects

Testosterone therapy may cause side effects, which can include:

- Acne or oily skin
- Unwanted hair growth
- Voice deepening (which may be irreversible)
- Clitoral enlargement
- Changes in cholesterol levels and liver function (mainly when using oral forms)
 - Fluid retention
- Abnormal uterine bleeding

Long-term safety in women has not been fully established. There may also be unknown risks.

Alternatives

Alternatives include:

- Other hormone therapies (such as estrogen or estrogen/progestogen combinations)
- Non-hormonal medications
- Lifestyle modifications (exercise, diet, stress management)
- Choosing not to pursue any therapy

Monitoring and Follow-Up

Regular follow-up visits at a 3 month (following the initial prescription) and then every 6 months to monitor response and review blood tests are required. Baseline and periodic blood tests are required (testosterone levels, liver function, complete blood count, lipids)

The recommended dosage for postmenopausal women is one tenth of the dose available for men, and the transdermal approach is considered safest, so our preferred prescription will be for an off label use of a testosterone gel that is FDA approved for men but at a much lower dose.

More information: please read the material on our website, www.WCBaldwinpark.com

Patient Responsibilities

You agree to:

- Take the medication as prescribed
- Attend scheduled appointments and lab testing
- Inform your healthcare provider of any new symptoms or health changes

Insurance coverage for testosterone medications and laboratory testing is not guaranteed and you may have to pay out-of-pocket for some or all of these costs. If you want to appeal non-coverage determinations, you will need to work directly with your insurance due to Testosterone being off-label. The office cannot over-rule your insurance's final decision on coverage.

Consent Statement

I have read and understood the above information regarding testosterone therapy. I have had the opportunity to ask questions, and all of my questions have been answered. I understand the potential benefits, risks, and alternatives. I consent to begin testosterone therapy as prescribed by my healthcare provider.

Patient Signature & Date

Provider Signature & Date