



ENCOMPASS HEALTH SERVICES

Behavioral • Medical • Psychiatric

Dear Patient:

You have made the right choice towards getting your life back on track. Pellets are a superior and remarkable method of Bio-Identical Hormone Replacement Therapy (BHRT). This type of therapy has been documented and researched in medical journals since 1939. Not only will you regain the energy, libido and vitality of your youth; we are here to help you get back to your normal physiological state of well-being. Won't that be a welcome relief?

Inside your packet, we've enclosed many pages for you to fill out and ones filled with information.

Lab work: Labs will be discussed and possibly collected during the consultation. Please check with your insurance carrier prior to receiving your lab work to find out if your insurance covers the lab work. If you have a high deductible or your insurance does not cover your lab work, please call your provider's office for price ranges. This is a fasting test; please fast for 8-10 hours before your lab work.

At a minimum, labs to be collected will include:

- Free and Total testosterone
- CBC
- Lipid Panel
- FSH
- TSH
- T4
- PSA
- Estradiol
- Liver Panel

Special Lab Note : If you elect to have your lab charges processed through your insurance, you are responsible for doing the research to make sure they are covered. Encompass is only the collection site. Any bill that is incurred will be between you, your insurance and the processing lab.

In addition, **please complete all the enclosed new patient forms and bring them with you to your appointment.** Failure to complete paperwork may result in canceled or rescheduled consultation.

Pages to fill out and bring with you to your appointment. Please do not put them in the mail or fax.

- Male Patient Questionnaire
- Male History
- List of current medications/vitamins/supplements with doses
- Medicare Non-Assigned Form (if applicable)
- Symptom Checklist

Along with a copy of your most recent: **Proof of yearly prostate exam or PSA**

We are committed to making sure your treatment and visits with us are as positive as they can be. We understand you are a unique individual and we strive to provide you with the highest quality medical care. Our primary concern is to restore you to a state of "well-being" and optimum health! Our patients are treated with compassion and respect. We encourage you to openly express your needs and concerns to our staff.

We look forward to seeing you soon.

Here's to your well-being!

SottoPelle Bio-Identical Hormone Replacement Therapy

Female

Fee Schedule	Insurance	Cash
HRT Consultation	co-pay	\$ 75.00
Lab Work (Pre & Post included)	*See Special Lab Note below	\$ 800.00
Pellet Insertion/Follow-up	\$ 450.00	\$ 450.00
Pellet Boost, if needed	\$ 100.00	\$ 100.00

Male

Fee Schedule	Insurance	Cash
HRT Consultation	co-pay	\$ 75.00
Lab Work (Pre & Post included)	*See Special Lab Note below	\$ 800.00
Pellet Insertion/Follow-up	\$ 750.00	\$ 750.00
Pellet Boost, if needed	\$ 175.00	\$ 175.00

*** Special Lab Note :** If you elect to have your lab charges processed through your insurance, you are responsible for doing the research to make sure they are covered. Encompass is only the collection site. Any bill that is incurred will be between you, your insurance and the processing lab.

Male Questionnaire and History

Patient Name _____ Date of Birth _____

Current Hormone Replacement Therapy including injections:

Past Hormone Replacement Therapy including injections:

Have you ever had any issues with anesthesia? () Yes () No

If yes, please explain:

Other Pertinent Information: _

Medical Illnesses:

- | | |
|---|--|
| () High blood pressure. | () Testicular or prostate cancer. |
| () High cholesterol. | () Elevated PSA. |
| () Heart Disease. | () Prostate enlargement. |
| () Stroke and/or heart attack. | () Trouble passing urine or take Flomax or Avodart. |
| () Blood clot and/or a pulmonary emboli. | () Chronic liver disease (hepatitis, fatty liver, cirrhosis). |
| () Hemochromatosis. | () Diabetes. |
| () Depression/anxiety. | () Thyroid disease. |
| () Psychiatric Disorder. | () Arthritis. |
| () Cancer (type): _____ | |
| Year: _____ | |

History

Patient Name _____ Date of Birth _____

Do you suffer from premature ejaculation:

YES

NO

Is your sex drive similar as it was five years ago:

YES

NO

Please Describe _____

Are you currently sexually active?

YES

NO

Do you want to be sexually active?

YES

NO

Do you have erectile dysfunction?

YES

NO

If yes, do you have difficulty initiating an erection?

YES

NO

Or difficulty maintaining an erection?

YES

NO

Please Describe _____

Have you completed your family?

YES

NO

Have you ever used steroids in the past for athletic purposes?

YES

NO

Have you ever had a sperm count:

YES

NO

If yes, what were the results of the sperm count: _____

Have you fathered any children:

YES

NO

If yes, how many: _____

Have you ever had testicular cancer?

YES

NO

What type of treatment did you receive? _____

Do you have prostate problems?

YES

NO

Do you have or have you had prostatitis?

YES

NO

Do you have an enlarged prostate?

YES

NO

Have you ever had prostate cancer?

YES

NO

If yes, what type of treatment did you receive? _____

Patient Name _____ Date of Birth _____

Poor response to exercise? YES NO

Poor recovery from exercise? YES NO

Please describe the way, in which these issues have been dealt with:

FAMILY HISTORY

Heart Disease YES NO

Diabetes YES NO

Osteoporosis YES NO

Alzheimer's Disease YES NO

SOCIAL HISTORY

Do you smoke cigarettes: YES NO

If yes, please list the number you smoke per day on average: _____

Please list the number of years you have been smoking: _____

Do you use recreational drugs? YES NO

Do you drink alcohol? YES NO

If yes, what type of alcohol do you drink: _____

How many drinks per week, on average, do you drink: _____

SYMPTOM CHECKLIST

Patient Name _____ Date of Birth _____

Please indicate how often you have the following symptoms:	Never	Rarely	Frequent	Often
Decline in general well being				
Joint pain/muscle ache				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Irritability				
Nervousness				
Anxiety				
Depressed mood				
Exhaustion/lacking vitality				
Declining Mental Ability/Focus/Concentration				
Feeling you have passed your peak				
Feeling burned out/hit rock bottom				
Decreased muscle strength				
Weight Gain/Belly Fat/Inability to Lose Weight				
Breast Development				
Shrinking Testicles				
Rapid Hair Loss				
Decrease in beard growth				
New Migraine Headaches				
Decreased desire/libido				
Decreased morning erections				
Decreased ability to perform sexually				
Infrequent or Absent Ejaculations				
No Results from E.D. Medications				

Frequently Asked Questions

Q. Who is SottoPelle®?

A. SottoPelle® is a therapy for bio-identical hormone replacement that strives for hormonal balance as it is the key to our well-being and a delicate thing to achieve. Other hormone replacement therapies rarely accomplish or maintain the hormonal equilibrium your body depends on for optimum health. With pellets, your body can begin to return to normal hormonal balance.

Q. What are pellets?

A. Pellets are a Bio-identical form of hormone therapy, that seeks to return the hormone balance to youthful levels in women and men.

Q. How do I know if I'm a candidate for pellets?

A. Symptoms may vary widely from depression and anxiety to night sweats and sleeplessness to lack of energy and forgetfulness. Hormonal imbalance can also lead to increased insulin resistance, triglycerides and cholesterol causing a predisposition for a variety of conditions and diseases. Scheduling a consultation with a certified SottoPelle® provider to see if you are a candidate for pellets.

Q. How much are the pellets?

A. The suggested cost for a female insertion ranges from \$450-\$550, and the suggested cost for a male insertion ranges from \$750-\$925, which is due at the time of insertion. If you are interested in submitting to your insurance company for reimbursement, we will provide paperwork at time of your appointment for you to submit the information yourself. Again, it is not a guarantee you will be reimbursed.

Q. What are the pellets made from?

A. They are made from wild yams or soy which have the highest concentration of hormones of any substance. The pellets molecular structure is bio-identical to the structure of hormones found in the body, meaning they are the exact replication of what the body makes.

Q. How long will the Treatment last?

A. We have generally seen patients going 3-5 months depending on the person. Everyone is different, so it depends on how you feel and what your Certified SottoPelle® provider determines is right for you. If you are extremely active, under a lot of stress, or you live in a climate of extreme heat; your treatment may not last as long. Absorption rate is based on cardiac output. Women average about 3-4 insertions per year and men average about 2 times per year.

Q. Are there any side effects?

A. Side effects for women and men are rare. In women, transient breast tenderness lasting 7-10 days may occur with the first insertion. There may be some moderate hair growth or acne associated with testosterone therapy in women. Side effects in men may include decreased sperm count, decreased testicular mass and possible prostate enlargement. These side effects occur much more frequently with the use of synthetic hormone replacement therapy.

Bio-identical Hormone Replacement therapy is an exciting and fascinating science. For more information, feel free to visit www.sottopelletherapy.com.

Call and schedule your consultation with the only Certified SottoPelle Provider in the area at Encompass Health Services (928)645-5113.