

## **A Word About TRT and Anti-Aging Therapy**

Testosterone Replacement Therapy (TRT) is not a “miracle cure.” Like all medical treatment, the theory is based on scientific principles, but in practice the results can be varied. At Elevate Wellness Clinic we plan and execute our treatment plans very carefully and while we wish we could guarantee every one of our patients a 100% success rate, we do need to address the potential risks involved in TRT and other treatments that we offer.

Firstly, treatment with testosterone as it is commonly practiced by most men’s health, anti-aging, or TRT clinics, including Elevate Wellness Clinic, is considered to be “off label” use. The type of treatment protocol we employ may not be supported by scientific/medical literature and could be seen as experimental. Many medical providers, including endocrinologists and urologists, might see these types of treatments as not medically necessary. TRT, along with other treatments that we offer, including growth hormone peptides, regenerative and immune modulating peptides, vitamin B12, and medications used for weight management have not been FDA approved for the use of health optimization, wellness, weight loss and/or anti-aging purposes.

There are alternatives to the therapies we offer, which include non-medicinal management with diet and exercise, or simply not engaging in any treatment at all. It is very important that you understand this fact, that you do your own research, and that you ask questions up front. We are here to answer your questions and provide our expertise to develop the right treatment plan for you. If you are, in any way, unsure whether this treatment is right for you, it is best to wait and reconsider.

When you are ready to proceed, please review and sign the following to begin your journey with us at Elevate Wellness Clinic.

### **Informed Consent for Treatment**

I hereby give my consent to evaluation and treatment by Elevate Wellness Clinic, Dr. David Powell, and any other provider associated with Elevate Wellness Clinic to begin testosterone replacement therapy, peptide therapy, IV infusion therapy, weight loss management and/or any other treatments discussed and agreed upon.

In addition, I acknowledge that treatment with testosterone, growth hormone peptides, other regenerative and immune modulating peptides, vitamin B12, and medications used for weight management are considered off label use of the associated medications and have not been FDA approved for the use of health optimization, wellness, weight loss and/or anti-aging purposes.



I have been informed about alternative treatments and understand that these options include non-medicinal treatments, treatments with medications other than testosterone, or no treatment at all.

It has been explained to me and I acknowledge that possible side effects of testosterone replacement include acne, breast enlargement, sleep disturbances and mood swings.

Other side effects include fluid retention, which can result in serious complications for patients with heart, kidney, or liver disease. I understand that most of these side effects resolve with time without treatment and that many of these can be treated by changing my testosterone dose or adding other medications.

TRT can cause changes in cholesterol levels, PSA levels, hematocrit, and liver enzymes, which will be monitored by routine blood testing. Increase in hematocrit may lead to increased risk for blood clots, including Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE).

I understand that for patients with known heart disease, TRT can cause an increase in complications and adverse effects, including death. If I am under 65 with known heart disease, or if I am over 65 with or without known heart disease, I must be cleared by a Cardiologist or my Primary Care Provider before starting TRT.

I understand that exogenous testosterone (that is provided with TRT) may result in testicular atrophy and a decrease in sperm count that can diminish my fertility (my ability to father a child) for as long as I am on therapy and for an unpredictable time following cessation of therapy. Some medical authorities recommend hCG (Human Chorionic Gonadotropin) or other adjunctive medications to help preserve fertility and minimize testicular atrophy.

I acknowledge that I should use extreme caution if I am prescribed topical testosterone products. If a child or woman is accidentally 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.

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 the clinic. I also promise to comply with the dosages and frequency of medications prescribed to me.

I agree that, while I am under the care of Elevate Wellness Clinic, I will not take any type of anabolic steroids, hormone "boosters," pro-hormone supplements or any other type of testosterone supplementation not provided to me through Elevate Wellness Clinic. At any time, if it is discovered that I have engaged in other modalities of hormone supplementation, I may be discharged as a patient from Elevate Wellness Clinic.



I also understand that it is important to stay up to date with routine screening and health maintenance by my Primary Care Provider (PCP) to detect and prevent any possible life-threatening diseases or conditions. I understand that a physical examination with Elevate Wellness Clinic does not replace a full physical examination by my PCP.

I agree to have my PCP perform an annual physical examination including a digital rectal exam, lipid profile, comprehensive metabolic profile, as well as other age-appropriate preventative health screenings such as colonoscopies and cardiac testing as needed.

I have had sufficient opportunity to discuss with Elevate Wellness Clinic my complete medical history. All of my questions concerning the risks and benefits of treatment have been answered to my satisfaction.

I want to initiate treatment at Elevate Wellness Clinic and I give permission to Elevate Wellness Clinic to initiate such treatment. In doing so, I release Elevate Wellness Clinic, Dr. David Powell and other healthcare practitioners of any claims of liability for any adverse health events. Further, I agree to immediately notify Elevate Wellness Clinic of any abnormal findings on any health evaluations done by my PCP or other medical specialist.

By signing this document, I acknowledge and agree to all of the above:

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

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

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