MCMINN CLINIC
3125 Independence Drive, Suite 108
Homewood, AL 35209

FEMALE TESTOSTERONE INFORMED CONSENT

1. I, _____, am participating in testosterone therapy of my own free will. I have not been coerced by my provider or any member of the staff at McMinn Clinic.

2. I understand that there are alternatives to testosterone therapy. I understand that I may refuse this therapy.

3. Possible BENEFITS of testosterone therapy (from published literature) include (but are not limited to) better energy, improved libido, increased alertness and interest, better mood, improved sleep, improved skin thickness, and improved body composition, including better muscle strength and tone. I understand that no doctor can guarantee success with any medication, even if properly prescribed, including testosterone.

4. Possible RISKS of testosterone therapy may include (but are not limited to) hair growth on the face or body, hair loss on the scalp, oily skin, acne, hoarseness or deepening of the voice, fluid retention, diminished breast size, and increased clitoris size. I understand that there may be other unforeseen risks. I understand that, just as with other medications, not every woman tolerates testosterone well.

5. WOMEN WHO ARE PREGNANT, WHO COULD BECOME PREGNANT, OR WHO ARE BREAST FEEDING SHOULD NOT USE TESTOSTERONE, SINCE IT CAN CAUSE ABNORMAL FETAL DEVELOPMENT. It is not known if testosterone passes into breast milk or if it could harm a nursing infant. I understand that:
    a. a pregnancy test will be completed prior to my initial prescription for testosterone (either injectable or topical).
    b. I must self-monitor for pregnancy. I am encouraged to use at least one form of effective birth control while I am on testosterone. I further understand that two forms of birth control are preferable.
    c. If I determine that I am pregnant, I must immediately stop taking testosterone and notify my prescriber.

6. Children who are exposed to testosterone gel or creams may suffer from inappropriate virilization, which is the development of male secondary sex characteristics. Others (including spouse, children, pets) should not have contact with the unwashed or unclothed application sites.

7. I will participate in all necessary monitoring, such as lab work, and/or office visits as required by my provider. I consent to having a urine pregnancy test done in the clinic periodically. I understand that it is my responsibility to follow up as recommended.

8. I understand that every woman is different as to her dosage requirement. The exact dosage will be determined by her clinical response to therapy, her labs, and any side effects.

9. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

10. I further understand the following:
    a. I should take only the dose prescribed. No more, no less.
    b. Testosterone is a controlled substance, and I will not share the testosterone with anyone.
    c. Testosterone should not be taken for the purpose of athletic performance enhancement.

11. I accept the risks, both known and unknown, of taking testosterone therapy and wish my provider at McMinn Clinic to prescribe testosterone for me. I have read and understand all of the above.

_____ _____ _____
PRINTED NAME SIGNATURE DATE

I attest that this patient has been fully informed by me of the possible risks of testosterone. Her questions have been answered, and she voluntarily agrees to testosterone replacement therapy.

_____ _____
James E. McMinn, M.D. Date