

Hormone Replacement Therapy Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Purpose of Hormone Replacement Therapy

This therapy is designed to alleviate symptoms associated with hormone deficiencies or imbalances.

Potential Benefits

- Improvement in mood and energy levels
- Reduction in hot flashes and night sweats
- Increased libido
- Improved bone density

Risks and Side Effects

- Increased risk of blood clots
- Possible breast tenderness
- Headaches
- Potential risk of certain cancers

Consent Statement

I, _____ (patient name), have read and understood the information provided regarding Hormone Replacement Therapy (HRT). I have had the opportunity to ask questions and have received satisfactory answers. I consent to the initiation of HRT as discussed with my healthcare provider.

Signature: _____

Date: _____

Healthcare Provider Statement

Provider Name: _____

Provider Signature: _____

Date: _____