

Hormone Therapy Risk Assessment

Date: _____

To: [Healthcare Provider's Name]

Practice: [Healthcare Provider's Practice Name]

Address: [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

Subject: Hormone Therapy Risk Assessment for [Patient's Name]

We are conducting a comprehensive assessment of the potential risks associated with hormone therapy for our mutual patient, [Patient's Name], who is considering [specific hormone therapy type]. This evaluation will help us ensure the best possible care and management.

Patient Information:

- **Age:** [Patient's Age]
- **Medical History:** [Brief summary of relevant medical history]
- **Current Medications:** [List of current medications]
- **Allergies:** [List of allergies]

Risks to Consider:

- Cardiovascular risks
- Cancer risks
- Bone Health
- Potential for clotting disorders
- Other relevant health concerns

We recommend scheduling a consultation to discuss these risks in detail and determine the most appropriate course of action. Please feel free to reach out to us at [Your Contact Information] to arrange a meeting or if you require any further information.

Thank you for your collaboration in providing the best care for our patient.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]