## **Hormone Therapy Risk Evaluation**

Date: [Insert Date]

Dear [Patient's Name],

We are writing to inform you about the hormone therapy options that you are considering and to provide you with an evaluation of potential risks associated with this treatment.

## **Overview of Hormone Therapy**

Hormone therapy can offer numerous benefits including [list benefits]. However, it is important to be aware of the potential risks.

## **Potential Risks**

- Increased risk of blood clots
- Possible heart problems
- Increased risk of certain cancers
- Changes in mood or behavior
- Other side effects as discussed

## Recommendations

Before proceeding, we recommend a thorough discussion regarding your personal health history and any concerns you may have. A follow-up appointment can be scheduled to address these matters in detail.

Please feel free to reach out if you have any questions or require further information.

Thank you for your attention to this important matter.

Sincerely,
[Your Name]
[Your Title]
[Your Clinic/Practice Name]