

## **Consent for Use of Hormone Replacement for Treatment of Symptomatic Menopause**

I have attended a Menopause Seminar given by Dr. Wendy Rashidi MD (and/or had individual consultation with Dr Wendy Rashidi MD or \_\_\_\_\_) to become educated on the potential risks and benefits of using hormone replacement therapy, which are summarized below. Furthermore, I agree to maintain the recommended schedule of well woman care and will obtain an annual mammogram and pap, as well as practice monthly breast self-exam. I understand I must provide Dr. Rashidi with a copy of these reports at the first visit and yearly thereafter in order to begin or continue to be prescribed bioidentical or other hormone replacement therapy. Annual follow-up visit is required each year for renewal of HRT, and annual testing of hormone levels is highly recommended to assure that hormonal balance is achieved and that levels are both safe and effective. I understand that spotting or bleeding can be normal in the first 3 to 6 months on the hormones. Any bleeding after that must be reported and discussed with the doctor as bleeding that recurs after a woman has completed menopause is one of the warning signs of possible uterine cancer and may need further evaluation.

### **Theoretical Benefits of using BioIdentical Hormone Replacement Therapy:**

1. Control of numerous symptoms of menopause {hot flashes, night sweats, insomnia, slowed thinking, loss of libido (sex drive), vaginal dryness}
2. Decreased Osteoporosis
3. Better vaginal and bladder health/ better skin texture
4. May help depression and mood problems
5. Decreased Alzheimer's disease, dementia or memory problems
6. May help heart by decreasing coronary vasospasm and improving cholesterol (if topical administration, but increases risk if oral or synthetic hormones used)
7. Less arthritis

### **Theoretical Risks of taking BioIdentical or other Hormone Replacement Therapy:**

1. Abnormal uterine bleeding, Fibroid growth and /or Uterine Cancer (especially if estrogen used without progesterone)
2. Deep Vein Thrombosis or Pulmonary emboli (more likely with synthetic medroxyprogesterone (Provera) than natural bioidentical progesterone)
3. Breast Cancer

*In signing below, I agree that I have read and understand the above discussion, had my questions answered, am aware of the potential risks and benefits, and consent to follow recommendations given above for annual routine medical and gynecological care.*

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**Signature**

**Print Name**

**Date**