



ENCOMPASS HEALTH SERVICES

Behavioral • Medical • Psychiatric

Dear Patient:

You have made the right choice towards getting your life back on track. Pellets are a superior and remarkable method of Bio-Identical Hormone Replacement Therapy (BHRT). This type of therapy has been documented and researched in medical journals since 1939. Not only will you regain the energy, libido and vitality of your youth; we are here to help you get back to your normal physiological state of well-being. *Won't that be a welcome relief?*

Inside your packet, we have enclosed many pages for you to fill out and ones filled with information.

Lab work: Labs will be discussed and possibly collected during the consultation. Please check with your insurance carrier prior to completing your lab work to find out if your insurance covers the lab work. If you have a high deductible or your insurance does not cover your lab work, please call your provider's office price ranges. This is a fasting test; please fast for 8-10 hours before your lab work.

At a minimum, labs to be collected will include:

- Estradiol
- FSH
- Total testosterone
- LH
- Lipid panel
- TSH

Special Lab Note : If you elect to have your lab charges processed through your insurance, you are responsible for doing the research to make sure they are covered. Encompass is only the collection site. Any bill that is incurred will be between you, your insurance and the processing lab.

In addition, **please complete all the enclosed new patient forms and bring them with you to your appointment.** Failure to complete paperwork may result in canceled or rescheduled consultation.

Pages to fill out and bring with you to your appointment. Please do not put them in the mail or fax.

- | | |
|--|---|
| <input type="checkbox"/> Female Patient Questionnaire | <input type="checkbox"/> Medicare Non-Assigned Form (if applicable) |
| <input type="checkbox"/> Female History | <input type="checkbox"/> Symptom Checklist |
| <input type="checkbox"/> List of current medications/vitamins/supplements with doses | |

Along with a copy of your most recent:

- | | | |
|------------------------------------|------------------------------|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Pap | <input type="checkbox"/> Bone Density (if possible) |
|------------------------------------|------------------------------|---|

We are committed to making sure your treatment and visits with us are as positive as they can be. We understand you are a unique individual and we strive to provide you with the highest quality medical care. Our primary concern is to restore you to a state of "well-being" and optimum health! Our patients are treated with compassion and respect. We encourage you to openly express your needs and concerns to our staff.

We look forward to seeing you soon.

Here's to your well-being!

SottoPelle Bio-Identical Hormone Replacement Therapy

Female

Fee Schedule	Insurance	Cash
HRT Consultation	co-pay	\$ 75.00
Lab Work (Pre & Post included)	*See Special Lab Note below	\$ 800.00
Pellet Insertion/Follow-up	\$ 450.00	\$ 450.00
Pellet Boost, if needed	\$ 100.00	\$ 100.00

Male

Fee Schedule	Insurance	Cash
HRT Consultation	co-pay	\$ 75.00
Lab Work (Pre & Post included)	*See Special Lab Note below	\$ 800.00
Pellet Insertion/Follow-up	\$ 750.00	\$ 750.00
Pellet Boost, if needed	\$ 175.00	\$ 175.00

*** Special Lab Note :** If you elect to have your lab charges processed through your insurance, you are responsible for doing the research to make sure they are covered. Encompass is only the collection site. Any bill that is incurred will be between you, your insurance and the processing lab.

FEMALE QUESTIONNAIRE AND HISTORY

Patient Name _____ Date of Birth _____

Current Hormone Replacement Therapy:

Past Hormone Replacement Therapy:

Last menstrual period (estimate year if unknown):

Other Pertinent Information:

Have you ever had any issues with anesthesia? () Yes () No

If yes, please explain:

High Risk Past Medical/Surgical History:

- () Breast cancer.
- () Uterine cancer.
- () Ovarian cancer.
- () Hysterectomy with removal of ovaries.
- () Hysterectomy only.
- () Oophorectomy removal of ovaries.

Medical Illnesses:

- | | |
|---|--|
| () Polycystic Ovary Syndrome (PCOS) | () Fibromyalgia. |
| () High blood pressure. | () Trouble passing urine or take Flomax or Avodart. |
| () Heart bypass. | () Chronic liver disease (hepatitis, fatty liver, cirrhosis). |
| () High cholesterol. | () Diabetes. |
| () Hypertension. | () Thyroid disease. |
| () Heart disease. | () Arthritis. |
| () Stroke and/or heart attack. | () Depression/anxiety. |
| () Blood clot and/or a pulmonary emboli. | () Psychiatric disorder. |
| () Arrhythmia. | () Cancer (type): _____ |
| () Any form of Hepatitis or HIV. | Year: _____ |
| () Lupus or other autoimmune disease. | |
| () Epilepsy or Seizure Disorder. | |

SYMPTOM CHECKLIST

Patient Name _____ Date of Birth _____

Please indicate how often you have the following symptoms:

	Never	Rarely	Frequent	Often
Night Sweats				
Hot flashes/flushes				
Difficulty Sleeping				
Migraines/Severe headaches				
Depressed Mood				
Anxiety				
Decrease in Energy				
Loss of Memory				
Foggy thinking/Mental confusion				
Difficulty concentration				
Mood swings/Irritability				
Muscle and/or joint pain				
Bloating				
Weight gain				
Hair Loss				
Generalized swelling				
Decreased sexual desire				
Pain with Intercourse				
Vaginal Dryness				
Urine leaks with cough/sneeze				
Decreased sensation with intercourse				
Difficulty achieving orgasm				

HISTORY

Patient Name _____ Date of Birth _____

Are you sexually active? YES NO

Do you want to be sexually active? YES NO

My sex has suffered. YES NO

Date of last pap smear: _____

Have you ever had an abnormal pap smear? YES NO

If yes, how was it treated (please check all that apply):

- Repeated Pap Colposcopy Laser Surgery Cone Biopsy
 Cryosurgery Hysterectomy Loop Excision

Do you have any uterine abnormality? YES NO

Do you have a history of infertility? YES NO

Do you have a history of DES EXPOSURE? YES NO

Do you have fibroids of the uterus? YES NO

Have you had abnormal bleeding in the past year? YES NO

If yes, please describe _____

At what age did you start menopause: _____

Do you have any breast lumps, tenderness or discharge? YES NO

Have you ever had a mammogram? YES NO

If yes, was it normal? YES NO

Date of last mammogram: _____

Do you smoke cigarettes? YES NO

If yes, daily number for how many years? _____

Do you drink alcohol? YES NO

Do you exercise? YES NO

Frequently Asked Questions

Q. Who is SottoPelle®?

A. SottoPelle® is a therapy for bio-identical hormone replacement that strives for hormonal balance as it is the key to our well-being and a delicate thing to achieve. Other hormone replacement therapies rarely accomplish or maintain the hormonal equilibrium your body depends on for optimum health. With pellets, your body can begin to return to normal hormonal balance.

Q. What are pellets?

A. Pellets are a Bio-identical form of hormone therapy, that seeks to return the hormone balance to youthful levels in women and men.

Q. How do I know if I'm a candidate for pellets?

A. Symptoms may vary widely from depression and anxiety to night sweats and sleeplessness to lack of energy and forgetfulness. Hormonal imbalance can also lead to increased insulin resistance, triglycerides and cholesterol causing a predisposition for a variety of conditions and diseases. Scheduling a consultation with a certified SottoPelle® provider to see if you are a candidate for pellets.

Q. How much are the pellets?

A. The suggested cost for a female insertion ranges from \$450-\$550, and the suggested cost for a male insertion ranges from \$750-\$925, which is due at the time of insertion. If you are interested in submitting to your insurance company for reimbursement, we will provide paperwork at time of your appointment for you to submit the information yourself. Again, it is not a guarantee you will be reimbursed.

Q. What are the pellets made from?

A. They are made from wild yams or soy which have the highest concentration of hormones of any substance. The pellets molecular structure is bio-identical to the structure of hormones found in the body, meaning they are the exact replication of what the body makes.

Q. How long will the Treatment last?

A. We have generally seen patients going 3-5 months depending on the person. Everyone is different, so it depends on how you feel and what your Certified SottoPelle® provider determines is right for you. If you are extremely active, under a lot of stress, or you live in a climate of extreme heat; your treatment may not last as long. Absorption rate is based on cardiac output. Women average about 3-4 insertions per year and men average about 2 times per year.

Q. Are there any side effects?

A. Side effects for women and men are rare. In women, transient breast tenderness lasting 7-10 days may occur with the first insertion. There may be some moderate hair growth or acne associated with testosterone therapy in women. Side effects in men may include decreased sperm count, decreased testicular mass and possible prostate enlargement. These side effects occur much more frequently with the use of synthetic hormone replacement therapy.

Bio-identical Hormone Replacement therapy is an exciting and fascinating science. For more information, feel free to visit www.sottopelletherapy.com.

Call and schedule your consultation with the only Certified SottoPelle Provider in the area at Encompass Health Services (928)645-5113.