

Patient Agreement Male or Female

This Private Practice-Patient Agreement ("Agreement") specifies the terms and conditions under which, you, the undersigned patient ("Patient") may voluntarily elect to participate in the healthcare services defined below offered by Carrie F. Blades, MD, PLLC, a Texas professional limited liability company dba Blades Wellness & Aesthetics ("Practice") with such services further described in Schedule A and as follows:

- Practice's comprehensive Functional Medicine/integrative/hormone health-based routine diagnostic exam services, that may include optional medical weight loss/lifestyle services, that are provided regardless of medical condition or necessity, supported by follow-up routine diagnostic exams as specified in Schedule A (collectively "Routine Exams"); and
- An online health data storage and communication facilitation platform plan designed to provide efficient and reliable electronic communication and health data storage support for Routine Exams and to help Patient achieve Routine Exams-based health goals ("Health Data Plan"). Routine Exams and the Health Data Plan described in Schedule A are collectively the "Routine Exam Services" and Patient and Practice are referred to individually as "Party" or collectively as the "Parties".

ROUTINE EXAM SERVICES

Practice makes Routine Exam Services available to Patient in exchange for Patient's payment of the program fees outlined in Schedule A ("Services Fees"). Services Fees may increase from time to time with Patient's voluntary consent in advance but will apply to renewal terms. If Services Fees increase, Practice will notify Patient in writing with the option to consent to the increase. Practice provides Routine Exam Services through various Practice healthcare professionals (e.g physician, nurse practitioners and other healthcare professionals). Practice does not guarantee administration of Routine Exam Services through any particular Practice healthcare professional.

The Practice reserves the right, in its sole discretion, to update or modify the Routine Exam Services described in **Schedule A** from time to time. In the event of any material change, the Practice will notify Patient of any changes within thirty (30) days after the modification is made. Any modification to Routine Exam Services and/or Service Fees shall become effective only upon the Patient's voluntary consent.

Insurance and Coverage Disclosure.

The Routine Exam Services provided by the Practice exceed, supplement, or are otherwise outside the scope of services customarily covered by the Patient's Medicare, Medicaid, or private insurance plan (collectively, the "Plan"). The Practice makes no representations or guarantees regarding reimbursement by any Plan, and the Patient acknowledges and agrees

that Routine Exam Services are provided on a cash-pay basis unless otherwise expressly stated in writing.

Informed Consent for Non-Traditional Services.

The Patient acknowledges that Routine Exam Services may include, but are not limited to, hormonal medicine alternatives, functional or integrative medicine approaches, and medical weight management and lifestyle services. The Patient voluntarily provides informed consent for such services as more fully described in **Schedule B**, which is incorporated herein by reference.

PAYMENT OPTIONS

Patient may pay the Services Fees with cash, check, debit card or credit card. The Service Fees are due at the time of service. Routine Exam Services costs are designed to qualify as eligible medical expenses such that Patient may pay Services Fees with health savings account ("HSA") funds or with flexible spending account ("FSA") fund or health reimbursement account ("HRA") funds, but this is not assured or promised. Patient must confirm eligibility with Patient's tax expert or FSA/HRA plan coordinator, as Practice cannot guarantee medical expense eligibility due to variable factors applicable to each Patient.

RENEWALS AND TERMINATION

This Agreement will automatically renew one (1) year from the date of this Agreement unless the Practice receives written notice from Patient to terminate this Agreement thirty (30) days before Patient's renewal date or Practice terminates the Agreement. The Practice is permitted to terminate this Agreement with thirty (30) days prior written notice to Patient.

HEALTH CARE SERVICES EXCLUDED FROM SERVICES FEES

Services Fees cover only the availability of Routine Exam Services. If the Practice provides services other than the Routine Exam Services listed in Schedule A, Patient and Practice may mutually agree upon any additional charges, if any, to the extent Patient's Plan does not cover those services. Patient acknowledges that either Patient or Patient's Plan may be responsible for any applicable additional charges for services outside of those described in Schedule A. Any charges to Patient for any services outside of Plan Coverage and not reflected in Schedule A will be at the Practice's usual, reasonable, and customary rates and consented to in advance by Patient. Practice will collect any applicable co-payments or deductibles related to Plan-covered services Practice delivers to Patient to the extent that Practice is in-network with the applicable Plan.

ELECTRONIC COMMUNICATIONS

If Patient wishes to communicate through electronic mediums with the Practice, Patient needs to be aware that electronic mediums may not always constitute a secure method for

sending or receiving sensitive personal health information. Practice will take reasonable steps to keep Patient's communications confidential and secure, and comply with applicable health data privacy obligations under applicable laws. In the event the communication is time-sensitive and requires quick or urgent or emergent healthcare response, Patient must communicate with their primary care healthcare professional and/or secure immediate emergency room (ER) medical attention. Response times for electronic communications will typically be forty-eight hours (48 hrs). If Patient experiences any side effects or worsening conditions (that do not constitute an emergency or time-sensitive situation) related to Routine Exam Services (including but not limited to BHRT Integrative Services as those services are defined in Schedule A), or therapies or medications related to such BHRT Integrative Services, Patient agrees to immediately inform Practice of such side effects or worsening conditions in accordance with the procedures specified in Practice's separate Electronic Communications Agreement. Please refer to Practice's separate Electronic Communications Agreement for Further applicable details in this regard, which is integrated herein by this reference.

APPOINTMENTS AND SCHEDULING

Appointments with the Practice are scheduled through the Practice office to ensure ample time is given to each Patient. If Patient has an urgent concern, Patient shall call the Practice office and Patient will be given an appointment that will accommodate the urgency. Walk-ins are not conducive to the thoughtfully planned schedule, so we advise Patient to schedule appointments in advance.

MEDICARE/PRIVATE INSURANCE

If Patient is or becomes Medicare eligible, Patient acknowledges that Practice is a participating Medicare provider. While Practice does not anticipate providing any healthcare services covered by Medicare or any other Plan, should Practice provide any services covered by Patient's applicable Plan, then Practice may submit to such Plan to the extent Practice is in-network with such Plan and collect any applicable co-payment or deductible as required by Plan terms. Patient shall not submit to Medicare any claim for payment of Services Fees or request that Practice submit such a claim. Patient acknowledges and understands that Medicare does not cover and will not pay for the Routine Exam Services, and Patient agrees not to submit Services Fees to Medicare for reimbursement.

VACATIONS AND ILLNESS FOR PRACTICE HEALTHCARE PROFESSIONALS

Patient acknowledges that there may be times that Patient cannot contact a Practice healthcare professional due to vacations or illness, or due to technical defects with either Patient's or Practice's electronic communication equipment. Patient acknowledges that, should a Practice healthcare professional become unavailable, the Practice shall make every effort to give advance notice to Patient so that scheduled Routine Exam Services can be scheduled on another date. In all cases of emergency, Patient must call 9-1-1 and/or

seek emergency/ER medical attention.

COMPLIANCE WITH LAW

In establishing the Routine Exam Services programs, Practice intends to do so in compliance with all applicable laws. This Agreement shall be governed by and construed in accordance with the laws of the state in which Practice is licensed and practicing, without application of choice-of-law principles.

PRACTICE IS NOT AN INSURER

Practice is not an insurance company and is not promising or delivering unlimited care for Services Fees. The Practice presumes that Patient is either eligible for Medicare, or otherwise has a private Plan that provides health care coverage for essential healthcare services not covered by Services Fees.

AGREEMENT ASSIGNMENT AND MODIFICATIONS

Patient may not assign this Agreement. This Agreement replaces and supersedes all prior agreements of any kind, oral or in writing, between Patient and Practice. This Agreement may not be modified absent a writing signed by Patient and an authorized representative of Practice.

PATIENT ACKNOWLEDGES THAT HE/SHE HAS CAREFULLY READ THIS AGREEMENT, WAS AFFORDED SUFFICIENT OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL OF HIS/HER CHOICE AND TO ASK QUESTIONS AND RECEIVE SATISFACTORY ANSWERS REGARDING THIS AGREEMENT, UNDERSTANDS HIS/HER RESPECTIVE RIGHTS AND OBLIGATIONS UNDER THIS AGREEMENT, AND SIGNS THIS AGREEMENT OF HIS/HER OWN FREE WILL AND VOLITION.

SCHEDULE A ROUTINE EXAM SERVICES & SERVICES FEES

1. Routine Exams

Practice will provide Patient the availability of comprehensive Functional Medicine/integrative/hormone health-based diagnostic Routine Exam, and follow-up Routine Exams, for the fees described below. A Routine Exam is a comprehensive Functional Medicine/integrative/hormone health-based routine, preventative and diagnostic exam detached from medical condition or necessity to help Patient achieve health goals. Routine Exams may include evaluation and then delivery of bio-identical hormone replacement therapies, related treatments, and optional medical weight loss/lifestyle services (collectively with the Health Data Plan services the "BHRT/Integrative Services").

BHRT/Integrative Services lab tests and medications all constitute out-of-pocket Patient

costs that Patient may be able to submit to Patient's Plan for reimbursement, but such reimbursement is not guaranteed. Such out-of-pocket Patient cost items are not included in or covered by Services Fees. Patient understands that BHRT/Integrative Services may involve the delivery of health treatments on an integrative and not strictly allopathic basis, and Patient therefore provides informed consent to such BHRT/Integrative Services as documented in the attached Schedule B.

2. Health Data Plan

The Health Data Plan ("Health DataPlan") is designed to assist with storing Patient's Routine Exams health data and to improve Patient's electronic communication connection with Practice to facilitate Routine Exams health goals and education. The Health Data Plan will facilitate and empower Patient to interact with Practice via electronic communication regarding Practice's Routine Exam Services. Practice's Health Data Plan will keep Patient's medical information electronically stored so that, upon request of Practice, information can be retrieved and furnished to further support the Routine Exam Services Patient receives from Practice on the terms outlined above.

3. Services Programs

All Routine Wellness Exams Include Health Data Plan: see published Practice price policy (updated from time to time).

4. Additional Terms

For Medicare/Medicaid eligible Patients, and with respect to any services other than the Routine Exam Services identified above, Practice may deliver services specifically covered by applicable Plan at Patient's request and as medically indicated and consistent with those Plan's reimbursement requirements. Medicare Patients may request and receive the Welcome To Medicare Checkup, the Annual Wellness Visit, chronic care management/CCM services, remote patient monitoring/RPM services, telehealth evaluation and management, and virtual check-up communication services—all such services are **not** part of the private Services Fees identified above. Any such additional services covered by any Plan are **not** the private fee Routine Exam Services outlined above, and such services can and will be provided by Practice as indicated and billed to the applicable Plan to the extent Practice is in-network with such Plan. Applicable Plan-required copayments and deductibles will be collected as required by Plan terms. In no event may Patient submit to Medicare or Medicaid any private fee paid for Routine Exam Services, as Routine Exam Services are **not** covered or reimbursed by Medicare or Medicaid.

SCHEDULE B CONSENT FOR BHRT/INTEGRATIVE SERVICES

BHRT/Integrative Services may include: optional medical weight loss/lifestyle services, bio-identical hormone replacement therapy, related BHRT assessments/services/recommendations, BHRT laboratory tests, BHRT-related diagnostic procedures, BHRT treatments/prescriptions,

supplements designed to support BHRT therapies, and/or other BHRT-related procedures as may be deemed necessary or advisable by Practice and included in Routine Exams. Such BHRT/Integrative Services may be outside strictly allopathic healthcare guidelines. By signing this Agreement, Patient confirms having received all of the following disclosures and consents to BHRT/Integrative Services.

GENERAL STATEMENTS ABOUT BHRT INTEGRATIVE SERVICES

BHRT /Integrative Services that include BHRT assessments and treatment options are not guaranteed to assist with the restoration of health and optimal functional capacity, relief of pain and symptoms, injury and disease recovery, and prevention or reversal of disease or disease progression. Patient's health outcomes depend on a wide range of variable factors. No healthcare services are guaranteed to provide positive results. In fact, BHRT/Integrative Services pose risks and may cause potential complications. Practice's healthcare professionals have explained those risks and potential complications, and this Schedule B is intended to confirm Patient's acknowledgment of those explanations and to confirm Patient's informed consent to such BHRT/Integrative Services Patient elects to receive.

Practice has not promised or guaranteed any specific benefits from the administration of BHRT/Integrative Services and has made no warranty or guarantee about the results of any such treatment. Patient has weighed the benefits of, and alternatives to, BHRT/Integrative Services. Practice's healthcare professionals cannot know or anticipate and explain every possible risk or complication that may connect to BHRT/Integrative Services. Patient willingly and voluntarily consents to any BHRT/Integrative Services Patient elects to receive from Practice with an understanding there is no guaranty of benefits, and there is the potential for side effects and negative outcomes.

There are alternatives to BHRT/Integrative Services. Traditional allopathic diagnosis and treatment of detected illness constitutes standard healthcare. Lifestyle/behavior changes, including beneficial changes to nutrition, exercise, improved mental health/wellness support, cessation of smoking, limiting, or reducing alcohol or recreational drug intake, ensuring adequate sleep/rest, have all also proven to help reduce risk of illness and increase wellbeing. Adopting some or all of these lifestyle changes, in tandem with traditional allopathic diagnosis and treatment of illness, can provide Patient important and substantiated health benefits. Health coaches routinely provide support with lifestyle change efforts toward improved health outcomes. Licensed healthcare professionals can assist with health conditions that are directly and obviously connected to lifestyle issues and may provide referrals to a wide variety of professionals who can assist (nutritionists, dietitians, physical therapists, etc.). In other words, there are viable alternatives to electing to receive BHRT/Integrative Services.

It is vital for Practice to receive complete and accurate information from Patient about Patient's health, whether Patient elects to receive BHRT/Integrative Services or not. Patient agrees to accurately report any side-effects or worsening conditions related to BHRT/Integrative Services, or therapies or medications related to BHRT/Integrative

Services, to Practice or to any other healthcare professional providing Patient healthcare services according to the procedures specified in Practice's separate Electronic Communications Agreement, which is integrated herein by this reference.

BHRT/Integrative Services do not replace: regular allopathic healthcare monitoring, preventative measures in general, and specifically recommended tests and preventative procedures such as complete physicals, rectal examinations and/or colonoscopy, EKG, lab tests, x-rays, ultrasounds, mammograms, pelvic/breast exams, pap smears, prostate exams, PSA levels, etc, at least on a yearly basis. BHRT/Integrative Services are intended to enhance, not replace, traditional allopathic healthcare.

BHRT/INTEGRATIVE SERVICES BACKGROUND

Practice may prescribe some of the bio-identical hormone preparations for Patient that pharmacy compounding laws regulate. These laws follow the Pharmacy Compounding Accreditation Board ("PCAB") guidelines.

The use of BHRT/Integrative Services therapy as it relates to Patient's diagnosis, while common in alternative practices, may be debated in the traditional allopathic medical community. Patient has the right to be informed about Patient's condition and the identification of conventional/allopathic, integrative, complementary, alternative, non-conventional, or non-standard procedures to be used so that Patient can make an informed decision whether or not to undergo non-allopathic BHRT/Integrative Services treatments with an appreciation of the risks, hazards, and alternatives.

BHRT/INTEGRATIVE SERVICES THERAPEUTIC THEORIES

Many individuals have inadequate hormone levels despite technically "normal" blood tests. Some individuals suffering symptoms related to menopause or andropause or inability to lose weight may also benefit from hormone therapies. BHRT/Integrative Services can be used to augment hormone levels in many conditions where diminished hormone levels are evident. BHRT/Integrative Services hormone therapies may arguably "optimize" hormone levels in the blood although there is no guaranty this will yield positive results (and there are potentially harmful side-effects).

-Estradiol replacement therapy can, although not always, help maintain vaginal and urethral function and might slow the progression of osteoporosis. It might also improve sleep, decrease hot flashes and night sweats, decrease visceral fat, improve cognitive function, improve libido and overall sense of well-being. None of these potential benefits are guaranteed.

-Progesterone replacement therapy can be used to treat conditions related to relative low progesterone, which may include PMS/PMDD, PCOS, irregular or heavy menstruation, vasomotor symptoms, poor sleep quality and anxiety. It may, although not always, offer

protection against breast and uterine cancer. None of these potential benefits are guaranteed.

-Testosterone replacement therapy can be used to treat symptoms or lab tests suggesting suboptimal hormone levels as determined by Patient's provider. Low testosterone may pose some risks to both men and women. Low testosterone is linked to elevated cholesterol, high blood pressure, diabetes, and prostate problems. Other low testosterone symptoms include excessive fatigue, abdominal weight gain, irritability and decreased sexual drive and function. This analysis is non-allopathic, and subject to medical debate.

-Thyroid replacement can be used to improve thyroid hypo-functioning, in which suboptimal levels of bioactive thyroid hormone cause symptoms of low thyroid. Such symptoms may include fatigue, cold intolerance, hair/eyebrow thinning, weight gain, constipation and dry skin. This analysis is also non-allopathic, and subject to medical debate.

-DHEA (Dehydroepiandrosterone) replacement can be used to improve low or suboptimal levels of DHEAS, which often decrease with age and/or inflammatory conditions. DHEA may counterbalance the negative effects of high cortisol states, reduce musculoskeletal pain, and improve sense of well-being. Again, this analysis is non-allopathic, and subject to medical debate.

BHRT/INTEGRATIVE SERVICES POTENTIAL RISKS

Practice cannot guarantee safety of any hormone therapy during pregnancy. Notify Practice's healthcare professionals if Patient is pregnant, suspects that Patient is pregnant, or is planning to become pregnant during BHRT/Integrative Services therapy.

Bio-identical hormone replacement therapy is the preferred formulation when prescribing BHRT by the Practice "Bio-identical" refers to the molecular makeup of the hormone, being identical to that which our body produces naturally.

Although many studies have shown the use of bio-identical hormone replacement therapy to be safer than synthetic hormone replacement therapy, the risk of cancer-related side effects is still possible. In fact, some healthcare professionals do not agree with the use of bio-identical hormones,

-Estrogen Therapy, Bio-identical estradiol is available in various forms including oral tablets, capsules, troches, patches, pellets, and topical creams. Adverse reactions may include bloating, breakthrough bleeding, breast swelling and tenderness, fluid retention, weight gain, liver cysts, mood swings and death (e.g. from blood clots or cancer). While not the first line treatment choice of Practice, high potency conjugated synthetic estrogens (e.g. Premarin) have been linked to an increased risk of breast cancer and blood clots (the latter especially in smokers). Nonetheless, the whole area of estrogen replacement is undergoing further evaluation. Do not take estrogen if Patient has breast cancer.

-Progesterone Therapy Bio-identical progesterone is available in various forms including oral capsules, troches, vaginal or rectal suppositories, and topical creams or gels. Progesterone therapy may be sedating, so it is recommended to coordinate dosing with sleep cycle. Adverse reactions may include bloating, breakthrough bleeding, missed menstrual cycles, breast swelling and tenderness, fluid retention, weight gain, sedation, and depression.

-Testosterone Therapy: Bio-identical testosterone therapy is available in various forms including sublingual drops, troches, topical creams, pellets, and injection. Side effects include acne, chronic priapism (persistent, abnormal erection of the penis), change in libido, erythrocytosis, angina or heart attacks, hirsutism (facial hair growth) and scalp hair loss, clitoral engorgement, voice changes, or water retention. In men, it may also cause testicular atrophy and infertility. Because it may improve insulin resistance in both males and females, diabetics who use insulin should monitor glucose levels closely, as diabetics may need less insulin. Patient must check with Patient's primary care healthcare professional before adjusting Patient's dose of insulin. Topical testosterone may cause local skin irritation and has the potential to be transferred to a significant other, child, pregnant or breast feeding woman or woman who may become pregnant and be teratogenic (cause fetal/baby abnormalities/deformities).

-Thyroid Therapy: Bio-identical thyroid hormone may cause heart palpitations, arrhythmias, tremors, and sleep disturbance.

-DHEA Therapy: DHEA replacement may cause acne and hirsutism. DHEA is not recommended in Patients with active Breast or Prostate Cancer.

ALTERNATIVES TO BHRT/INTEGRATIVE SERVICES HORMONE THERAPIES

BHRT/Integrative Services hormone therapies apply hormone balancing and treatments to different conditions, some of which may not qualify as an "illness" requiring "treatment" under traditional allopathic medical thinking. In other words, traditional medical thinking does not identify "feeling better" or having more energy or vitality as medically necessary for patients justifying BHRT/integrative Services hormone therapies intervention.

An endocrinologist is a healthcare professional licensed and trained specifically to address issues involving hormone health. Their approach is more traditional in that their training and protocol is to only prescribe hormone therapy if medically indicated for a specific diagnosed disease state. For example, a male experiencing the side effects of having low testosterone may not qualify under an endocrinologist's treatment algorithm for testosterone supplementation. Females experiencing the effects of pre-menopause or post-menopause may be suffering from those side effects, yet not meet traditional medical criteria for hormone treatment. Seeking non-integrative healthcare from professionals other than Patient's provider (who is an integrative healthcare professional

trained to implement hormone therapies) is an alternative Patient should pursue if Patient feels uncomfortable about the side effects of hormone therapies or if Patient wishes to adopt a more conservative approach to hormone health.

PATIENT COVENANTS RELATED TO BHRT/INTEGRATIVE SERVICES

Patient agrees to proceed with the BHRT hormone health treatment and to comply with recommended dosages. Patient agrees to comply with requests for ongoing testing to assure proper monitoring of Patient's treatments that may include laboratory evaluation of all aforementioned hormone levels or other diagnostic testing by a long-term health care provider, Patient's primary care or other/specialty healthcare professional.

INFORMED CONSENT FOR BHRT/INTEGRATIVE SERVICES HORMONE THERAPY (MEN)

Patient understands that treatment (s) may be considered "off label" and/or not FDA approved for Patient's specific age, history or symptom(s), meaning the treatment may not meet standard treatment guideline recommendations. Testosterone therapy is not FDA approved for symptom management in men. Other BHRT replacement for men may include thyroid and DHEA.

Current FDA listed potential risks of testosterone replacement therapy ("TRT") can include, but are not limited to heart attack, stroke, blood clots, prostate cancer, deepening of voice, hyper sexuality, acne, abnormal hair growth, gynecomastia, breast tenderness, worsening of sleep apnea, infertility, testicular shrinkage, increased RBC/hemoglobin/hematocrit (erythrocytosis) and/or peripheral edema (swelling, which could increase blood pressure). Although the FDA warns of increased risk of cardiovascular events, prostate cancer, stroke and/or death: the current available evidence does not support increased risk of cardiovascular events with testosterone therapy, the evidence does not support increased risk of prostate cancer with testosterone therapy. Available evidence reveals no increased risk of VTE blood clots with testosterone therapy.

Patient understands that transference of testosterone cream to a child, pregnant woman, breast feeding woman or woman who may become pregnant can be teratogenic (cause fetal/baby abnormalities/ deformities). Patient understands that those who use tobacco products and those with a personal and/or family history of heart disease, stroke, blood clot, prostate cancer, diabetes, hypertension, and/or sleep apnea are at a higher risk of developing complications to testosterone replacement therapy.

Once discontinued, it can take up to one year, or longer, for return of spermatogenesis (sperm volume, fertility), however, it is possible to have no, or minimal, return of fertility. Some patients may require additional specialty treatments to enhance fertility not offered by Practice.

If applicable, Patient was advised and understands the following with respect to

testosterone therapy:

1. Patient acknowledges and agrees that Patient was advised against transference to significant other, children and pets and was instructed to apply testosterone twelve (12) hours apart (e.g. 7 a.m. and 7 p.m.), at least four (4) hours before bed and prior to any contact with others. Patient must always wash hands after applying transdermal testosterone or wear and dispose of gloves with each application. It is possible for transference to occur by vapor, so Patient should be aware of this if Patient's spouse, child(ren) or pets begin to develop symptoms of hyperandrogenism and/or other side effects associated with testosterone use.
2. Patient agrees not to apply testosterone transdermal cream the day before (at least 24 hours) any expected blood test. Patient also agrees not to take thyroid medications the morning of expected blood test.
3. Patient acknowledges and agrees to obtain both a prostate specific antigen exam and digital rectal exam annually to continue testosterone therapy if male and 40 years of age or older.
4. The protocols Practice recommends for the application or use of BHRT/Integrative Services hormone therapy related medications, drops, troches, topical creams, pellets or injections are intended to minimize the possibility of adverse health effects from the use of such treatments. However, Practice neither promises nor guarantees that Patient's adherence to Practice's recommended application protocols will minimize or completely eliminate such risks or adverse health effects.

INFORMED CONSENT FOR BHRT/INTEGRATIVE SERVICES HORMONE THERAPY (WOMEN)

Patient understands that treatment (s) may be considered "off label" and/or not FDA approved for Patient's specific age, history or symptom(s), meaning the treatment may not meet standard treatment guideline recommendations. Testosterone therapy is not FDA approved for use in women.

Patient reviewed the most up to date clinical guidelines regarding the use, dose, route, frequency and duration of BHRT, including herein as, but not limited to, progesterone, estrogen(s), testosterone and/or DHEA,

Current known potential risks of hormone replacement therapies can include, but are not limited to heart attack, stroke, blood clot (s), cancer, deepening of voice, clitoral enlargement, increased clitoral sensitivity, hyper sexuality, acne, deformity in pregnant women, breast feeding women or women who may become pregnant, abnormal hair growth, worsening of sleep apnea, fertility/pregnancy and/or early mortality.

Oral estrogen use may be associated with elevations in lipids, transient liver enzyme elevations and, rarely, clinical hepatotoxicity (liver toxicity), pancreatitis, cholelithiasis (gallstones) and subsequent cholecystectomy. Current evidence based research

indicates that hormone therapy can be safe and effective for symptom management, however, those individuals with certain health histories are more likely to be at risk for the above listed potential risks/adverse outcomes. Those higher risk health histories include, but are not limited to, those individuals who are older than sixty (60) years of age, have established cardiovascular disease, are diabetic, use tobacco products, have a history of migraines with aura, a history of sleep apnea, a history of poorly controlled hypertension, are outside of the ten (10) year menopause window, have a history of heart disease, blood clots and/or stroke, are overweight/obese, and/or have a personal history of sex organ cancer and/or have a family history of sex organ cancer.

Patient acknowledges and agrees that further risks of estrogen use include but are not limited to: cardiovascular disease, blood clots, and breast cancer. Patient was advised by Practice to obtain an annual mammogram and pelvic exam if Patient engages in estrogen use.

If applicable, Patient was advised and understands the following with respect to testosterone therapy:

1. Patient acknowledges and agrees that Patient was advised against transference to significant other, children and pets and was instructed to apply testosterone twelve (12) hours apart (e.g. 7 a.m. and 7 p.m.), at least four (4) hours before bed and prior to any contact with others. Patient must always wash hands after applying transdermal testosterone or wear and dispose of gloves with each application. It is possible for transference to occur by vapor, so Patient should be aware of this if Patient's spouse, child(ren) or pets begin to develop symptoms of hyperandrogenism and/or other side effects associated with testosterone use.
2. Testosterone therapy may increase Patient's risk of deep vein thrombosis and/or myocardial infarction.
3. Patient agrees not to apply testosterone transdermal cream the day before (at least 24 hours) any expected blood test. Patient also agrees not to take thyroid medications the morning of expected blood test.
4. If Patient becomes pregnant, Patient agrees to discontinue testosterone therapy.
5. The protocols Practice recommends for the application or use of BHRT/integrative Services hormone therapy related medications, drops, troches, topical creams, pellets or injections are intended to minimize the possibility of adverse health effects from the use of such treatments. However, Practice neither promises nor guarantees that Patient's adherence to Practice's recommended application protocols will minimize or completely eliminate such risks or adverse health effects.

Current guidelines recommend limiting hormone replacement therapy to no more than five (5) years, however, it has been acknowledged that continuing BHRT/Integrative Services past that duration is a decision which should be made by the Patient with their healthcare provider, based on the Patient's preference, health history, symptoms and the most up to date guidelines.

INFORMED CONSENT TO INTEGRATIVE WEIGHT LOSS SERVICES

Practice includes weight loss testing and treatment options as part of a suite of routine exam integrative wellness services. Practice may recommend the use of prescription drugs to assist with weight loss. These services may deviate from strict allopathic care or treatment options, as they may include such testing or other services that are outside traditional healthcare options.

Current known potential risks of medical weight loss services can include, but are not limited to: greater risk for gallstone formation and cholecystitis, cholelithiasis, pancreatitis, thyroid disease, goiter, increased heart rate, dehydration, renal impairment, acute renal failure, electrolyte problems, liver dysfunction, loss of lean body mass, elevated uric acid levels, diarrhea, constipation, nausea, decreased appetite, dizziness, hypoglycemia, vomiting, dyspepsia, abdominal pain, headache, fatigue, increased lipase and hair loss.

GLPI Agonists (Tirzepatide, Sernaglutide, Liraglutide) ("GLPI"): If applicable, risks of GLPI treatment as part of Integrative Services include but are not limited to: dysgeusia (altered sense of taste), dry mouth, insomnia, asthenia (lack of energy), burping, constipation, diarrhea, dizziness, dry mouth, gallbladder disorders, gastrointestinal discomfort, gastrointestinal disorders, nausea, vomiting, hypoglycemia, dyspepsia, gastritis, gastroesophageal reflux disease, flatulence, eructation, upper abdomen pain, abdominal distension, cholelithiasis, injection side reactions, fatigue, increased lipase, increase amylase, malaise, pancreatitis, tachycardia, urticaria, renal impairment, allergic reaction, thyroid C-cell tumors and anaphylaxis.

Patient acknowledges that such services may pose risks that can be avoided by using traditional allopathic healthcare services, or, by avoiding such services altogether. Patient acknowledges that weight loss testing has uncertain outcomes, and positive outcomes (increased energy or vitality, or decreased body weight or decreased fat body composition percentages) are difficult to achieve under any circumstances and cannot be guaranteed. Some weight loss services may cause harm to an unborn child prior to the realization of pregnancy, so Patient agrees to notify Practice if Patient becomes pregnant: plans to become pregnant, or is actively engaging in sexual activity without the use of birth control. Fluctuations in weight or energy/vitality may be signs of an illness or condition, so, Patient agrees to provide Practice with updated accurate information regarding weight and energy/vitality at all times and confirms that positive outcomes with weight loss and energy/vitality are subject to so many health variables that no positive outcome can be assured or promised. Patient also agrees to notify Practice of any additional medications taken by Patient, as some medical weight loss medications may impact the absorption of concomitantly administered oral medications. Patient also agrees to follow diet and exercise Recommendations.

BHRT/INTEGRATIVE SERVICES HORMONE THERAPIES INFORMED CONSENT REGARDING DELEGATING HEALTHCARE PROFESSIONAL AND DELEGATEE PERFORMING MEDICAL SERVICES

Practice may delegate certain specific BHRT/Integrative Services to be performed by someone other than the Practice owner (referred to as a delegatee). Delegatee may be another licensed healthcare professional (nurse practitioner, nutritionist) or a non-licensed health coach or lifestyle medicine educator trained to provide the services below. Practice's healthcare professional owner shall supervise any such delegatee and will remain accountable for delegatee services.

The services to be provided by delegatee are detailed below and are part of the licensed healthcare professional approved evidence based protocols:

1. Perform initial and serial follow-up examination of vital signs and/or anthropometric measurements
2. Performing symptom-based health assessments
3. Taking, assessing, and reviewing a lifestyle health history
4. Patient education and counseling related to therapeutic food plans, lifestyle changes, etc.
5. Providing Patient education regarding healthcare professional's care plan instructions, the significance of laboratory data, etc.
6. Providing education, counseling, and monitoring of food plan and compliant menus
7. Providing education, motivational interviewing support, counseling, and monitoring of exercise/activity/fitness plan
8. Providing education, support, counseling regarding implementing therapeutic nutrition protocols
9. Providing education, support, and counseling on stress management techniques to incorporate
10. Providing Patient education on sleep, recuperation, and restoration
11. Enter detailed medical record notes of all education/counseling/services provided to Patient during the visit and summarize any progress, obstacles, behavior change and actions Patient plans to take

STATEMENT BY PATIENT RECEIVING DELEGATEE BHRT/INTEGRATIVE SERVICES

Patient understands that the Practice licensed healthcare professional may delegate some aspects of BHRT/ Integrative Services listed above to be provided to you by a delegatee (for example, a health coach or other therapeutic lifestyle educator). Patient agrees to receive those delegated services by the delegatee, and the delegatee will be supervised by the Practice licensed healthcare professional.

Signature: _____

Name/Title: _____

Name: _____

Relation to Patient (if signed by legal representative)

Date: _____

Signature