

**Advanced Family Wellness Inc. PS  
1115 West Bay Dr. NW, suite 202  
Olympia, WA 98502  
Ph 360.570.8010/Fax 360.570.8009**

**Consent for Hormone Supplementation and Nutritional Therapy**

I request and consent to the administration of hormones and oral nutritional supplements and authorize that these will be prescribed by the providers at AFW. I acknowledge that there are no guarantees and assurance made with respect to the benefit of hormone supplementation and nutritional therapy prescribed for me.

I understand that I will be responsible for administering the hormones and nutritional supplements prescribed to me. I will conform and comply with the recommended doses and methods of administration.

I understand that the initial blood tests or other testing will be performed to establish my baseline hormone levels and other nutritional information. I agree to comply with requests for on-going testing and to assure proper monitoring of my hormone and nutrition levels. I agree to report to the provider any adverse reaction or problems that might be related to my hormone therapy care. I understand that with hormone supplementation there are risks and complications if I do not comply with the recommended dosage. If at any time the providers recommend that I stop therapy treatment, I understand that my compliance is important to avoid further risks or adverse side effects.

I also agree to regular and annual preventive exams, as is essential for the standard of medical care. I also agree to any diagnostic imaging recommended, such as mammograms, breast ultrasounds, thermogram or pelvic ultrasounds, for baseline assessments or to monitor for tissue changes related to therapy and/or the aging process.

***I have NOT been promised or guaranteed any specific benefit from the administration of this therapy.*** I understand that hormone balancing is an alternative specialty and there are no guarantees with respect to the therapy prescribed, and that Bio-identical hormone replenishment is not suitable for everyone.

I understand that many insurance companies, like Medicare, do not pay for hormone supplements and therapy and I therefore agree to pay for all services, laboratory, and pharmacy charges that are not covered by the insurance company. I further understand that I may not be reimbursed by my insurance company.

I have read the above and have been advised by the provider of Advanced Family Wellness, and I am satisfied with the information present to me regarding hormone supplementation and nutritional therapy. I have been given and recommended further reading and information about hormone supplementation and metabolic therapy in order to understand more clearly the information presented to me by the provider of Advanced Family Wellness.

I hereby request and consent to the treatment of using hormone supplementation and nutritional therapy.

**Commonly Recommended Reading by Dr. Kather:**

**The Metabolic Makeover: It's All About Energy!** by Stephen Cherniske & Natalie Kather, MD;

**The Metabolic Plan** by Stephen Cherniske; **The DHEA Breakthrough** by Stephen Cherniske

**The Sinatra Solution** by Stephen Sinatra, MD; **Thyroid Power** by Shames and Shames;

**Sex, Lies, and Menopause** by TS Wiley; **What Your Doctor Won't Tell you About Progesterone** by John Lee, MD

**Adrenal Fatigue: the 21<sup>st</sup> Century Stress Syndrome** by James Wilson, ND

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_