



## **Bio- Identical Hormone Therapy Women's INFORMED CONSENT**

**(Please sign if applicable)**

I, \_\_\_\_\_, have discussed the procedures and risks of bio-identical hormone therapy. I understand Dr. Campbell may order necessary diagnostic testing in order to individualize my specific hormone and health needs. These tests may include, but are not limited to: blood, urine, or saliva hormone tests; mammograms/thermograms, general blood work-up, physical exam, and a DEXA bone density test. I also understand that it is essential to create optimal hormone balance for overall health and Dr. Campbell will utilize her knowledge and medical expertise to achieve this balance. However, there are no guarantees to outcome of treatment, as each patient responds differently and uniquely.

The process of balancing hormones can take time and may involve the above listed tests and require follow-up appointments to interpret labs and adjust hormone formulas. **A woman with an intact uterus must use progesterone with any estrogen therapy.** Additionally, an annual hormone appointment is required every 12 months to track patient progress and monitor any health changes.

Dr. Campbell looks forward to working with you to achieve optimal health, well-being, and vitality!

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date



## **Bio- Identical Hormone Therapy Men's Informed Consent**

**(Please sign if applicable)**

I, \_\_\_\_\_, have discussed the procedures and risks of bio-identical hormone therapy. I understand Dr. Campbell may order necessary diagnostic testing in order to individualize my specific hormone and health needs. These tests may include, but are not limited to: blood, urine, or saliva hormone tests; general blood work-up, physical exam, and a digital rectal prostate exam. Should a hormone sensitive mass become diagnosed, I am aware I should stop taking hormones immediately. I also understand that it is essential to create optimal hormone balance for overall health and Dr. Campbell will utilize her knowledge and medical expertise to achieve this balance. However, there are no guarantees to outcome of treatment, as each patient responds differently and uniquely.

The process of balancing hormones can take time and may involve the above listed tests and require follow-up appointments to interpret labs and adjust hormone formulas. Additionally, an annual hormone appointment is required every 12 months to track patient progress and monitor any health changes.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

Dr. Campbell looks forward to working with you to achieve optimal health, well-being, and vitality!



**Dr. Christina Campbell, ND, DC  
600 N. Lake Blvd, Tahoe City, Ca 96145  
Informed Consent for Telehealth Naturopathic Treatment**

I, \_\_\_\_\_, hereby authorize Dr. Christina Campbell, ND to perform diagnosis, consultation, treatment, education, care management, self-management via information and communication technologies otherwise known as **Telehealth**. I understand that if I will not be seeing her in an office setting, then she cannot be my primary care provider and I must maintain a primary care provider for physical examinations and other diagnostic and screening procedures. I understand that I must be present in the state of CA when communicating with the doctor. Dr. Campbell will verbally confirm my California presence during the Telehealth appointment and document in my chart. This releases her of any liability of treating out of her California scope of Naturopathic Medicine.

**I recognize the potential risks and benefits of Telehealth medicine in such that the Doctor cannot physically see me in person and I am acknowledging this can present a limitation in Diagnosis or Treatment of my condition.**

**I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment in recommending the treatments that the doctor feels at the time, based on the facts then known, are in my best interest. I will have the opportunity to ask questions and discuss with Dr. Christina Campbell:**

- 1) My suspected diagnosis or condition.
- 2) The nature, purpose and potential benefit of the proposed care.
- 3) The inherent risks, complications, potential hazards, or side effects of the treatment or procedure.
- 4) The probability or likelihood of success.
- 5) Reasonable available alternatives to the proposed treatment / procedure.
- 6) The possible consequences if treatment or advice is not followed and/or nothing done.

With this knowledge I voluntarily consent to the above procedures realizing that no guarantees have been given to me by Dr. Christina Campbell regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and discontinue participation at any time.

\_\_\_\_\_

Signature of patient

\_\_\_\_\_

Date