



1117 South Miles Avenue, Suite 1, Union City, Tennessee 38261  
Phone: 731.885.2226 Fax: 731.885.2291

***Our best medicine is CARING for You!!!***

## Steps for Receiving Bio-Identical Hormone Therapy

1. Please fill out the Confidential Medical History evaluation form for Kizer Pharmacy, LLC.
2. Bring the evaluation form to the pharmacy.
3. At this point you will be offered to be educated on BHRT. An appointment must be made. The consult is \$50.00 and takes approximately 1 hour. Education is very important in understanding this therapy. Saliva testing will also be explained at this time. The pharmacist can also get to know the patient and his/her needs better.
4. After the consult, the pharmacist will make a dosage recommendation to your care provider. Your medication will be compounded after the care provider and pharmacist agree on the initial treatment (which may or may not be completed the same day).
5. If a consult is not needed, then your compound will be made after the care provider and pharmacist agree on the initial treatment based on your history, symptoms, etc. that can be obtained from your forms you turn into the pharmacy.





## Confidential Hormone Evaluation/Medical History

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Physicians/Healthcare Providers (Name, Address, Phone, Fax, Email if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Doctor Medical Release Authorization

"I hereby authorize my physician or health care provider to furnish an agent of Kizer Pharmacy any and all records pertaining to my medical history, services rendered, and/or treatments. I understand that employees of Kizer Pharmacy will protect my privacy and this information will be released to other health care professionals only when necessary in order to provide health care services to me. I further understand that a Kizer Pharmacy employee will not release this information unless authorized by me in writing."

Printed name: \_\_\_\_\_

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

## Medical History

**Medical Conditions/Disease States:** (Please check all that apply to you)

- |  |   |
|--|---|
| <input type="checkbox"/> Heart disease (ex: Congestive Heart Disease)    | <input type="checkbox"/> Blood clotting problems        |
| <input type="checkbox"/> High Cholesterol or Lipids (ex: Hyperlipidemia) | <input type="checkbox"/> Diabetes or Insulin Resistance |
| <input type="checkbox"/> High Blood Pressure (Hypertension)              | <input type="checkbox"/> Arthritis or Joint problems    |
| <input type="checkbox"/> Fibromyalgia or Chronic Fatigue                 | <input type="checkbox"/> Depression                     |
| <input type="checkbox"/> Ulcers (stomach, esophagus)                     | <input type="checkbox"/> Epilepsy                       |
| <input type="checkbox"/> Thyroid Disease                                 | <input type="checkbox"/> Headaches/Migraines            |
| <input type="checkbox"/> Hormone Related Issues                          | <input type="checkbox"/> Eye Disease                    |
| <input type="checkbox"/> Lung Condition (ex: asthma, emphysema, COPD)    |   |
| <input type="checkbox"/> Autoimmune Disease                              | If checked, type: _____                                 |
| <input type="checkbox"/> Chronic Pain                                    | If checked, type of pain: _____                         |
| <input type="checkbox"/> Cancer  | If checked, type of cancer: _____                       |
- Other (Please list) \_\_\_\_\_

**Do you have a family history of any of the following?**

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Uterine Cancer     | Family member(s) _____ |
| <input type="checkbox"/> Ovarian Cancer     | Family member(s) _____ |
| <input type="checkbox"/> Breast Cancer      | Family member(s) _____ |
| <input type="checkbox"/> Fibrocystic Breast | Family member(s) _____ |
| <input type="checkbox"/> Heart Disease      | Family member(s) _____ |
| <input type="checkbox"/> Osteoporosis       | Family member(s) _____ |
| <input type="checkbox"/> Thyroid Disease    | Family member(s) _____ |
| <input type="checkbox"/> Autoimmune Disease | Family member(s) _____ |

**Allergies:** Please check all that apply.

no known allergies

penicillin

morphine

dye allergies

pet allergies

codeine

aspirin

nitrate allergy

seasonal(pollen)

sulfa drugs

food allergies

other \_\_\_\_\_

Please describe the allergic reaction you experienced and when it occurred.

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**Current Prescription Medications:**

Medication Name

Strength

Directions

Date Started

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**List hormones previously taken**

Date started

Date stopped

Reason stopped

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**Over the Counter (OTC) issues:** Please check all products that you use occasionally or regularly. Check all that apply.

Pain reliever/anti-inflammatory:

- Aspirin
- Acetaminophen
- Ibuprofen
- Naproxen
- Other

Combination Cold Products:

- Cough suppressant
- Antihistamine product
- Decongestant Product
- Combination cold product

Other:

- Sleep Aid
- Antidiarrheal
- Laxatives/stool softeners
- Diet aids/weight loss products
- Antacid
- Acid blocker
- Other

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**Supplements:** Please identify and list the products you are using:

Vitamins (ex. Multivitamin or single vitamin such as B complex, E, C, D)

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Minerals (ex. Calcium, Magnesium, Chromium)

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Herbs (ex: Ginseng, Ginko Biloba, Echinacea, herbal medicinal teas)

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Enzymes (ex. Digestive formulas, papaya, bromelain)

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Nutritional/protein supplements (ex. protein powders, amino acids, fish oils)

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Others, please list: \_\_\_\_\_

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List use of:			Qty	Daily	Weekly	Monthly	Occasionally
Tobacco?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever used oral contraceptives?  No  Yes

If yes, did you experience any problems?  No  Yes

If Yes, please describe any problem(s).

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Do you have, or did you ever have Premenstrual Syndrome (PMS)?  No  Yes

If yes, please explain:

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Since you first began having periods, have you ever had what you would consider to be abnormal cycles?  No  Yes

If yes, please explain (such as age when this occurred, symptoms, etc)

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When was your last period? \_\_\_\_\_

How many days did it last? \_\_\_\_\_

Have you ever had fibrocystic breasts?  No  Yes

If yes, please explain (such as age when occurred, symptoms, treatments)

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Have you ever had uterine fibroids?  No  Yes

If yes, please explain (such as age when occurred, symptoms, treatments)

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How many pregnancies have you had? \_\_\_\_\_ How many children? \_\_\_\_\_

Any interrupted pregnancies?     No             Yes

Have you had a hysterectomy?     No             Yes            Date \_\_\_\_\_

Ovaries removed?                     No             Yes            Date \_\_\_\_\_

Have you had a tubal ligation?     No             Yes            Date \_\_\_\_\_

Have you had any of the following tests performed? Check those that apply and note date of last test.

    Mammography                     No             Yes            Date \_\_\_\_\_

    PAP Smear                         No             Yes            Date \_\_\_\_\_

When did your symptoms start? \_\_\_\_\_

Please describe any changes in symptoms associated with any hormone replacement or dosage changes:

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Where did you receive the information to consider Bio-identical Hormone Restoration Therapy?

Doctor       Friend/Family member     Book       Other \_\_\_\_\_

What are your goals with taking BHRT?

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# Patient Self-Assessment Symptom Evaluation

Please rate each of the following symptoms

	Absent	Mild	Moderate	Severe
Memory lapse	_____	_____	_____	_____
Foggy thinking	_____	_____	_____	_____
Bone loss	_____	_____	_____	_____
Incontinence	_____	_____	_____	_____
Increased urinary urge	_____	_____	_____	_____
Heart palpitations	_____	_____	_____	_____
Rapid heart rate	_____	_____	_____	_____
Hot flashes	_____	_____	_____	_____
Night sweats	_____	_____	_____	_____
Vaginal dryness/atrophy	_____	_____	_____	_____
Vaginal/urinary tract infections	_____	_____	_____	_____
Sleep disturbance/insomnia	_____	_____	_____	_____
Weight gain - waist	_____	_____	_____	_____
Weight gain - hips	_____	_____	_____	_____
Bleeding cycle changes	_____	_____	_____	_____
Breakthrough bleeding	_____	_____	_____	_____
Cramps	_____	_____	_____	_____
Fluid retention	_____	_____	_____	_____
Breast tenderness	_____	_____	_____	_____
Mood swings	_____	_____	_____	_____
Irritability	_____	_____	_____	_____
Nervousness	_____	_____	_____	_____

**Patient Self-Assessment Symptom Evaluation, Continued**

	Absent	Mild	Moderate	Severe
Anxiety	_____	_____	_____	_____
Infertility issues	_____	_____	_____	_____
Emotional instability	_____	_____	_____	_____
Decreased libido	_____	_____	_____	_____
Inability to climax	_____	_____	_____	_____
Loss of scalp hair	_____	_____	_____	_____
Increased facial or body hair	_____	_____	_____	_____
Acne	_____	_____	_____	_____
Aches and pains	_____	_____	_____	_____
Stress	_____	_____	_____	_____
High blood pressure	_____	_____	_____	_____
Rapid aging	_____	_____	_____	_____
Cravings for sweets	_____	_____	_____	_____
Caffeine or nicotine needs	_____	_____	_____	_____
Allergies	_____	_____	_____	_____
Sensitivity to chemicals	_____	_____	_____	_____
Slow pulse rate	_____	_____	_____	_____
Low blood sugar	_____	_____	_____	_____
Low blood pressure	_____	_____	_____	_____
Morning fatigue	_____	_____	_____	_____
Evening fatigue	_____	_____	_____	_____
Headaches	_____	_____	_____	_____
Depression	_____	_____	_____	_____

**Patient Self-Assessment Symptom Evaluation, Continued**

	Absent	Mild	Moderate	Severe
Low (cold) body temperature	_____	_____	_____	_____
Cold extremities	_____	_____	_____	_____
Sensitivity to cold	_____	_____	_____	_____
High cholesterol	_____	_____	_____	_____
Elevated triglycerides	_____	_____	_____	_____
Swelling of ankles/wrists	_____	_____	_____	_____
Puffy eyes/face	_____	_____	_____	_____
Dry or brittle hair	_____	_____	_____	_____
Brittle or breaking nails	_____	_____	_____	_____
Constipation	_____	_____	_____	_____
Dry skin	_____	_____	_____	_____
Thinning skin	_____	_____	_____	_____
Goiter	_____	_____	_____	_____
Decreased sweating	_____	_____	_____	_____
Hearing loss	_____	_____	_____	_____





# Identi-T™ Stress Assessment

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Stress is a normal part of life. Every day, we're faced with stimuli, called stressors, which can elicit the body's "fight or flight" response, setting off a cascade of physiological reactions and resulting in emotions ranging from mild to intense. But while occasional stress is natural and even healthy, chronic or acute stress can be harmful.

Please take a few moments to discover your body's response to situations you perceive as stressful. By honestly assessing how you feel, your healthcare provider can create a natural stress relief program for your individual needs.

## Directions:

Please read each statement and circle the number 0, 1, 2, or 3 that best describes your feelings or reactions throughout the course of the day. Determine the subtotal score for each section, then determine the total scores for sections A-C and C-E. Some questions may appear redundant between sections. There's a reason for each question. Don't spend much time on any one question.

0 = Never true    1 = Seldom true    2 = Sometimes true    3 = Often true

*When under stress for two weeks or longer, I...*

### Section A:

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Get wound up when I get tired and have trouble calming down.....       | 0 | 1 | 2 | 3 |
| 2. Feel driven, appear energetic but feel "burned out" and exhausted..... | 0 | 1 | 2 | 3 |
| 3. Feel restless, agitated, anxious, and uneasy.....                      | 0 | 1 | 2 | 3 |
| 4. Feel easily overwhelmed by emotion.....                                | 0 | 1 | 2 | 3 |
| 5. Feel emotional — cry easily or laugh inappropriately.....              | 0 | 1 | 2 | 3 |
| 6. Experience heart palpitations or a pounding in my chest.....           | 0 | 1 | 2 | 3 |
| 7. Am short of breath.....  | 0 | 1 | 2 | 3 |
| 8. Am constipated.....  | 0 | 1 | 2 | 3 |
| 9. Feel warm, over-heated, and dry all over.....                          | 0 | 1 | 2 | 3 |
| 10. Get mouth sores or sore tongue.....                                   | 0 | 1 | 2 | 3 |
| 11. Get hot flashes.....  | 0 | 1 | 2 | 3 |
| 12. Sleep less than seven hours a night.....                              | 0 | 1 | 2 | 3 |
| 13. Have trouble falling asleep and staying asleep.....                   | 0 | 1 | 2 | 3 |
| 14. Worry about high blood pressure, cholesterol, and triglycerides.....  | 0 | 1 | 2 | 3 |
| 15. Forget to eat and feel little hunger.....                             | 0 | 1 | 2 | 3 |

Total points: \_\_\_\_\_

### Section B:

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Find myself worrying about things big and small.....  | 0 | 1 | 2 | 3 |
| 2. Feel like I can't stop worrying, even though I want to.....   | 0 | 1 | 2 | 3 |
| 3. Feel impulsive, pent up, and ready to explode.....  | 0 | 1 | 2 | 3 |
| 4. Get muscle spasms.....  | 0 | 1 | 2 | 3 |
| 5. Feel aggressive, unyielding, or inflexible when pressed for time.....   | 0 | 1 | 2 | 3 |
| 6. See, hear, and smell things that others do not.....   | 0 | 1 | 2 | 3 |
| 7. Stay awake replaying the events of the day or planning for tomorrow.....  | 0 | 1 | 2 | 3 |
| 8. Have upsetting thoughts or images enter my mind again and again.....  | 0 | 1 | 2 | 3 |
| 9. Have a hard time stopping myself from doing things again and again, like checking on things or rearranging objects over and over..... | 0 | 1 | 2 | 3 |
| 10. Worry a lot about terrible things that could happen if I'm not careful.....  | 0 | 1 | 2 | 3 |

Total points: \_\_\_\_\_

### Section C:

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Have muscle and joint pains.....  | 0 | 1 | 2 | 3 |
| 2. Have muscle weakness.....   | 0 | 1 | 2 | 3 |
| 3. Crave salt or salty things.....   | 0 | 1 | 2 | 3 |
| 4. Have multiple points on my body that when touched are tender or painful.....          | 0 | 1 | 2 | 3 |
| 5. Have dark circles under my eyes.....  | 0 | 1 | 2 | 3 |
| 6. Feel a sudden sense of anxiety when I get hungry.....                                 | 0 | 1 | 2 | 3 |
| 7. Use medications to manage pain.....   | 0 | 1 | 2 | 3 |
| 8. Get dizzy when rising or standing up from a kneeling or sitting position.....         | 0 | 1 | 2 | 3 |
| 9. Have diarrhea or bouts of nausea with or without vomiting for no apparent reason..... | 0 | 1 | 2 | 3 |
| 10. Have headaches.....  | 0 | 1 | 2 | 3 |

Total points: \_\_\_\_\_

**Section D:**

- 1. Have trouble organizing my thoughts..... 0 1 2 3
- 2. Get easily distracted and lose focus..... 0 1 2 3
- 3. Have difficulty making decisions and mistrust my judgment..... 0 1 2 3
- 4. Feel depressed and apathetic..... 0 1 2 3
- 5. Lack the motivation and energy to stay on task and pay attention..... 0 1 2 3
- 6. Am forgetful..... 0 1 2 3
- 7. Feel unsettled, restless, and anxious..... 0 1 2 3
- 8. Wake up tired and unrefreshed..... 0 1 2 3
- 9. Experience heartburn and indigestion..... 0 1 2 3
- 10. Catch colds or infections easily..... 0 1 2 3

Total points: \_\_\_\_\_

**Section E:**

- 1. Feel tired for no apparent reason..... 0 1 2 3
- 2. Experience lingering mild fatigue after exertion or physical activity..... 0 1 2 3
- 3. Find it difficult to concentrate and complete tasks..... 0 1 2 3
- 4. Feel depressed and apathetic..... 0 1 2 3
- 5. Feel cold or chilled – hands, feet, or all over – for no apparent reason..... 0 1 2 3
- 6. Have little or no interest in sex..... 0 1 2 3
- 7. Sweat spontaneously during the day..... 0 1 2 3
- 8. Feel puffy and retain fluids..... 0 1 2 3
- 9. Sleep more than nine hours a night..... 0 1 2 3
- 10. Have poor muscle tone..... 0 1 2 3
- 11. Have trouble losing weight..... 0 1 2 3
- 12. Wake up tired even though I seem to get plenty of sleep..... 0 1 2 3
- 13. Have no energy and feel physically weak..... 0 1 2 3
- 14. Am susceptible to colds and the flu..... 0 1 2 3
- 15. Feel dragged down by multiple symptoms, such as poor digestion and body aches..... 0 1 2 3

Total points: \_\_\_\_\_

<i>Add points from sections A, B &amp; C</i>	<b>Total for A, B &amp; C:</b> _____
<i>Add points from sections C, D &amp; E</i>	<b>Total for C, D &amp; E:</b> _____

**Lifestyle and Health Status:**

- 1. Circle the level of stress you experience on the scale of 1-10, 10 being the worst:  

1
2
3
4
5
6
7
8
9
10
- 2. What do you consider to be the major causes of your stress (for example – spouse, family, friends, work, finances, wedding, pregnancy, legal, commute):  


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- 3. I eat breakfast \_\_\_\_\_ times a week. My typical breakfast is: \_\_\_\_\_
- 4. I take a multiple vitamin/mineral \_\_\_\_\_ days per week. I take a fish oil supplement \_\_\_\_\_ days per week.
- 5. I participate in 30 minutes of physical activity such as walking, aerobics (e.g., running), resistance training (e.g., weights, pilates), sports (e.g. biking), or yoga:  
 Daily     5-6 times per week     3-4 times per week     1-2 times per week     Less than once a week
- 6. I smoke \_\_\_\_\_ cigarettes daily.
- 7. I drink two or more 8 ounce cups of caffeinated coffee or other caffeinated beverages like energy/diet drinks, colas, or black or green teas:  
 Daily     5-6 times per week     3-4 times per week     1-2 times per week     Less than once a week
- 8. I drink two or more ounces of alcoholic beverages:  
 Daily     5-6 times per week     3-4 times per week     1-2 times per week     Less than once a week
- 9. List your current health problems and any over-the-counter or prescription medications that you are now taking:  

Current health problem(s)	Date of onset	List all current medication(s)





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## **What is BHRT?**

### ***An Introduction for Patients***

When the hormone levels in our body fluctuate, it can affect everything from our mood to our resistance to disease, to our ability to conceive and bear children. In fact, every cell of the human body – as well as every biological system – is influenced by hormones.

### ***So what are hormones, anyway?***

In simplest terms, hormones are chemical messengers that travel through our bloodstream and enter tissues, where they ensure appropriate communication between cells and organs. Hormones affect nearly every aspect of our lives because they regulate body functions – the many body functions that help keep us feeling physically fit, mentally sharp and emotionally stable. A delicate balance exists between the various hormones produced within our bodies. This balance is the key to maintaining our sense of health and well-being.

### ***A Vital, Yet Fragile System***

Unfortunately, the body's endocrine system – made up of glands that produce hormones – is fragile. Chemical exposure, caffeine use, smoking, sleep deprivation and even emotional upheaval can throw our hormonal make-up off-kilter. This can lead to problems including fatigue, aches and pains, hair loss, weight gain, anxiety and depression. In women, it can cause menstrual abnormalities and infertility.

The aging process also contributes to hormonal imbalance because the glands that produce hormones become less vital with the passage of time. Finally, the stresses of modern life take their toll; a high-pressure, fast-paced lifestyle affects body chemistry – and not for the better.

Sometimes it can be difficult to pinpoint the source of a problem, because a weakness in one area of the body can throw off the hormonal balance in another area entirely. For example, when women stop ovulating, they produce a lower level of a female sex hormone called progesterone. Hormones generated by the adrenal glands can sometimes make up for this deficit. But if the adrenal glands are exhausted, the level of progesterone will continue to be insufficient. This, in turn, can slow down hormone production in the thyroid and trigger a range of unpleasant symptoms.

The problem of hormone imbalance may not be well known, but it's well represented. Every sector of society can suffer from hormone imbalance, and studies show that seven out of ten adults experience the problem to some extent. Luckily, being aware of the problem is the first step toward finding a solution – a solution that works for you.

### ***What Are Your Options for Combating Hormonal Imbalance?***

If you test positive for a hormonal imbalance, you may choose to do nothing. However, even if you think you can suffer through the symptoms, this is not a good strategy for your overall health. This is because hormonal imbalance, left untreated, can leave you more vulnerable to serious diseases in the future.

The preferred option for regaining your optimal hormonal balance is to seek medical treatment. There are two kinds of therapies you can choose from:

Conventional Hormone Replacement Therapy (HRT) is a chemical treatment in which patients are treated with hormones derived from the urine of a horse, or other substances which are manufactured but do not have the same molecular structure as human hormones. These hormones do not look exactly like our hormones and therefore may not be metabolized in the body like our own hormones. While HRT can improve hormone balance in the short term, studies have shown that these substances build up in the body, creating side-effects and potentially leading to a higher incidence of disease.

Targeted Bio-Identical Replacement Therapy – or BHRT – is an alternative to conventional HRT regimens. Used successfully by tens of thousands of physicians over 45 years, Bio-Identical Hormones are compounds derived from wild yams or soybeans that are chemically altered in the laboratory so that they look and behave exactly like our own human hormones.

### ***Is BHRT "Alternative" Medicine? Is it Safe?***

Today there is a great deal of confusion regarding the use of any hormones for treatment of symptoms of Menopause. The wide-scale 1991 WHI (Women's Health Initiative) study involving more than 16,000 post-menopausal women established a link between the use of Premarin/Prempro and increased risk of breast cancer and stroke in women. It is disappointing that some health care professionals draw undeserved conclusions from that study. As is well known, Premarin/Prempro are equine estrogen imitators derived from the urine of pregnant horses and are not the same molecular structures as human hormones.

In the meantime, we do find FDA approved Bio-Identical hormones on the market, Bio-Identical indicating that unlike Premarin/Prempro, the molecular structures are the same as human hormones. Despite the fact that the WHI did not study women using Bio-Identical hormones, there are still numerous smaller studies and trials that demonstrate the benefits of Bio-Identical hormones, and clinical experience over the last 45 years has shown that women do benefit from improved quality of life with fewer side-effects when using them.

### ***How Targeted Bio-Identical Hormone Therapy Works***

BHRT is a medical approach that restores hormonal balance to individual patients. The treatment begins with testing to determine a baseline hormone profile. Physicians then correct the patient's hormonal imbalance by prescribing a customized treatment with bio-identical hormones, combined with the nutritional supplements and lifestyle changes needed to restore optimum health.

### **Medical evaluation**

BHRT begins with a thorough evaluation by a medical practitioner. Unlike a typical medical check-up, the evaluation will involve in-depth questions related to symptoms, as well as diet and lifestyle habits.

### **Creating a Customized Treatment Plan**

Based on the results of hormone testing, the physician creates a treatment plan designed to restore the patient's health. The treatment consists of a prescription for bio-identical hormones, compounded in a specialized pharmacy according to the patient's specific profile. For optimal safety and results, BHRT prescribes only the lowest dose of hormones required and suggests regular retesting of hormone levels.

Along with the hormones, the treatment also involves an individualized course of vitamins and/or supplements as well as advice about exercise and lifestyle.

## **Medical Follow-Up and "Fine Tuning" of Treatment**

Once you start BHRT treatment, you'll want to be in regular touch with your doctor to report your progress. There are many situations in life that have an impact on our hormone levels, and your doctor will be able to increase or decrease your doses to keep you feeling your best.

Bio-identical hormone replacement therapy does not reverse the aging process. However, when pursued in partnership with a knowledgeable medical practitioner, BHRT can potentially give patients a new lease on life. By using bio-identical hormones to re-establish the proper balance while making positive steps in terms of diet and lifestyle, patients will feel better, and maintain a healthy glow for years to come.

## ***Taking Your Health into Your Own Hands***

Bio-Identical Hormone Replacement Therapy is at the heart of a holistic approach toward the human body and its ever-changing needs. In a world where a high-pressure lifestyle is the norm, and where our natural hormonal balance is affected by aging, by stress, and by harmful, man-made toxins, BHRT offers a medically effective, comprehensive and customized solution for restoring each patient to optimum health. Your BHRT practitioner is trained to treat the entire patient – not just his symptoms – and that makes all the difference.



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## **Know Your Hormones**

### ***The Androgens - The Male Hormones***

Androgens are male hormones that are found – at different levels – in both men and women. Androgens are responsible for the health of hair, bones, nails and skin, as well as the libido. Lower than normal levels of these hormones cause weight gain, hair thinning and sexual dysfunction. They may also be connected to complications of aging, including high cholesterol, high blood pressure and painful joints. The androgens are:

#### **Testosterone:**

- Improves brain function
- Increases energy
- Improves sugar metabolism (a factor in diabetes)
- Increases muscle and bone strength
- Increases bone density
- Increases sex drive and sexual function
- Improves HDL and LDL cholesterol levels
- Improves cardiovascular health

#### **DHEA:**

- Improves immune function
- Increases sense of well being, vitality and energy
- Increases bone density
- Improves stress tolerance
- Increases metabolism
- Guards cardiovascular health

Note: Once inside the body, DHEA can be converted into other hormones that may cause health problems for specific patients. Even though DHEA is available without a prescription, be sure to check with your doctor before taking it.

### ***The Estrogens - The Female Hormones***

Estrogen is the family name of three hormones: estrone, estradiol and estriol. In his book, *Natural Hormone Balance for Women*, BHRT practitioner Uzzi Reiss calls estrogen "the essence of femininity...It makes a woman feel sensual. It brings a glow to the skin, moisture to the eyes, fullness to the breasts and clarity to the mind. It keeps the vagina lubricated. It uplifts and stabilizes your mood. It influences your brain and your bones."

- Protects against heart disease and stroke
- Decreases cholesterol
- Improves memory
- Alleviates menopausal and per-menopausal symptoms
- Regulates cell growth
- Suppresses thyroid function

Note: Estrogen stimulates cell growth. Too much estrogen can cause breast tenderness, cysts and even cancer Note: Premarin/Prempro are estrogens derived from the urine of pregnant horses (Premarin =

Pregnant Mares Urine) and are not the same molecular structure as human estrogen. The landmark Womens Health Initiative (WHI) study established a link between the use of Premarin/Prempro and increased incidence of Breast Cancer, Stroke and Heart Attack! These types of pharmaceutical hormones should be avoided! The BHRT method uses only hormones that are the same molecular structure as human hormones.

### ***Progesterone:***

Progesterone is the great balancer. In addition to helping a woman become pregnant and avoid miscarriage, progesterone offsets the negative effects of excess estrogen (a condition known as estrogen dominance). Progesterone is also an important factor in the symptoms associated with premenopause and menopause.

- Protects against uterine cancer
- Protects against fibrocystic disease
- Helps normalize blood sugar
- Helps reverse osteoporosis by building new bone cells
- Improves thyroid hormone function
- Acts as a natural antidepressant
- Protects against nervousness
- Protects against anxiety and irritability

### ***Pregnenolone***

A "precursor" hormone, pregnenolone plays a vital role in the formation of other hormones such as DHEA and estrogen, while performing other vital functions.

- Promotes formation of male hormones, female hormones and adrenal hormones
- Repairs brain and nerve tissue
- Helps repair aging skin
- Improves emotional well being
- Increases energy and mobility
- Improves quality of sleep
- Reduces the harmful effects of stress
- Helps guard against age-related brain damage

### ***Thyroid***

Hormones produced by the thyroid act as messengers, facilitating communication between the brain and the rest of the body. The level of thyroid hormones is affected by other hormones, as well as by foods, and by the activity of the body's immune system.

- Increases energy
- Raises fat metabolism, and controls weight
- Regulates heart rate
- Increases appetite
- Improves function of the bowels
- Regulates the menstrual cycle

## **Melatonin**

Melatonin is a hormone that is produced by the brain during sleep. It is the body's strongest natural anti-oxidant – a compound that protects body cells against age-related damage.

- Helps the body remain asleep
- Alleviates "jet-lag"
- Improves mood
- Strengthens immune system activity

## **Cortisol**

Cortisol is produced in the adrenal glands, and is responsible for providing the burst of energy (adrenaline) your body needs in emergency situations. It also regulates the activity of sex hormones, and guards against infection and cancer. Signs of adrenal weakness and low cortisol production include difficulty waking up, dependence on caffeine, and the need for sugar and wheat in order to make it through the day.

- Helps the body handle stress
- Regulates energy levels
- Controls allergic symptoms
- Affects your appetite for sugar
- Regulates bone mass, muscle mass, and overall metabolism

## **Check Your Symptoms**

### **Estrogen deficiency**

Hot Flashes, Disturbed Sleep, Breast Sagging, Night Sweats, Heart Palpitations, Dry Eyes, Skin, Vagina, Headaches/Migraines, Depression, Mental Fogginess, Memory Difficulties, Tearfulness, Back/Joint Aches, Lessened Self-Image

### **Estrogen Excess and Progesterone Deficiency**

Mood Swings, Irritation and Nervousness, Headaches, Breast Tenderness, Anxiety, Uterine Fibroids, Water Retention, Fibrocystic Breasts, Feel Cold, Menstrual Bleeding Changes

### **Androgen Deficiency**

Hair Loss (scalp, armpit, pubic), Low Libido, Vaginal dryness, Flabby Muscles, Unsteady, Poor Coordination, Incontinence, Low Energy and Stamina, Depression, Bone Loss

### **Androgen Excess**

Acne, Weight Gain, Irritability and Aggression, Oily Skin, Insulin Resistance, Loss of Scalp Hair, Excess Facial & Body Hair

### **Cortisol Excess**

Irritability, Muscle Loss, Low Libido, "Tired But Wired" Feeling, Bone Loss, Insulin Resistance, "Burned Out" Feeling, Loss of Scalp Hair, Poor Memory, Weight Gain in Waist, High Blood Pressure, Insomnia

### **Cortisol Deficiency**

Fatigue, Feeling Cold, Morning Sluggishness, Allergies, Neck Stiffness, Burned Out/Unable to Cope, Aching Muscles, Increased Low Libido