

Louis Esquivel, MD, PA

3740 Colony Dr., Suite 280
San Antonio, TX 78230
210-745-0918

Hormone Replacement Patient Checklist

Dear Patient,

The following checklist is meant to be an aide to assist you in making sure you have all the required steps completed prior to making your initial office visit.

Women

- 1.) Well-woman examination performed by your primary care physician or GYN (to include mammogram, breast exam and pelvic/pap)
- 2.) Copy of above mailed or faxed to Dr. Esquivel's office (fax 210-745-0590) well in advance of your appointment.
- 3.) Lab work performed with copy faxed or mailed to Dr. Esquivel well in advance of your appointment. See enclosed lab request form. Keep in mind that this kind of blood work can take over a week at times to be completed by the lab.
- 4.) Symptom Checklist form filled out. Bring to appointment.
- 5.) Patient Intake Information form filled out. Bring to appointment.
- 6.) Read the Insertion Acknowledgment Form. Bring to appointment. No need to sign till appointment.
- 7.) Read the frequently asked questions handout and the general information/office policy handout.

Men

- 1.) Prostate examination performed by your physician.
- 2.) Copy of the above mailed or faxed to Dr. Esquivel's office (fax 210-745-0590) well in advance of your appointment.
- 3.) Lab work performed with copy faxed or mailed to Dr. Esquivel well in advance of your appointment. See enclosed lab request form. Keep in mind that this kind of blood work can take over a week at times to be completed by the lab.
- 4.) Symptom Checklist form filled out. Bring to appointment.
- 5.) Patient Intake Information form filled out. Bring to appointment.
- 6.) Read the Insertion Acknowledgment Form. Bring to appointment. No need to sign till appointment.
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Biologically equivalent Hormone Replacement Therapy Summary of Services and Policy

Dr. Esquivel exclusively utilizes the SottoPelle® method of natural or biologically equivalent hormone replacement therapy. This method uses blood levels of hormones to determine a patient's specific need as well as patient history to customize a particular hormone prescription. Biologically equivalent (formerly referred to as bio-identical) hormones are compounded by a certified pharmacy into a tiny sterilized pellet that is then surgically inserted under the skin of the upper buttock. The pellet slowly dissolves and is absorbed into the patient's system to result in an even, constant level of hormone. The average amount of time the hormone remains at good levels in a woman's system can be up to 3 to 4 months and in men can be up to 6 months. Blood levels are monitored along with symptoms to determine if adequate hormone has been inserted and to help determine when a re-insertion will be needed.

Dr. Esquivel received training in the SottoPelle® method of bio-equivalent hormone replacement directly from Dr. Gino Tuteria who developed this method. Dr. Esquivel is currently the only physician certified in this method serving south Texas. Go to www.Sottopelletherapy.com for more information. We have copies of Dr. Tuteria's book, [You don't have to live with it!](#) which sells for \$10.

Pre-Consultation requirements – NO EXCEPTIONS

- 1.) Lab work (discussed below)
- 2.) Physical examination (performed by your physician)
 1. Women are required to have a normal mammogram and normal pelvic/pap smear prior to consultation. A written copy of these labs or a note from your treating physician documenting the same will be accepted. These examinations should be no older than 9 to 12 months old.
 2. Men are required to have a normal prostate examination no older than 6 months prior. Likewise a letter or note copy from the performing physician will be accepted.

Previous or current history of breast cancer or prostate cancer are contraindications for hormone replacement therapy.

Fees (applies only to cash pay no insurance filed cases)

There are three components to the final amount for these services:

- 1.) Consultation fee
- 2.) Surgical insertion fee
- 3.) Pellet fee

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Consultation fee details:

- 1.) New patient to the practice \$150
- 2.) Established patient \$75
- 3.) Transfer patient (from another SottoPelle® Certified practice) \$75

Surgical insertion fee details:

- 1.) Fee is the same for all patient types and is \$200

Pellet fee

- 1.) Estrogen pellets are \$35 each. The average women requires from 1 to 2 depending on lab
- 2.) Testosterone pellets are \$35 each for women and \$50 each for men. The male pellet is more concentrated and compressed and therefore more expensive. The average women will require 1 pellet and the average man may require from 4 to 9.

Lab details

Lab should be ordered and drawn from 2 to 3 weeks prior to the consultation. Hormone labs take much longer to process and this will also give Dr. Esquivel time to review the results and start formulating your personal dose.

You will be provided a separate form detailing which specific labs are needed.

For patients with high deductible insurance or no insurance and therefore paying cash, we can refer blood work to a discounted lab.

For patients with good insurance coverage, they should use the lab required by their insurance company.

For Medicare patients and any patient preferring to use their own physician, a generic form can be faxed to their doctor with the required lab indicated BUT it must be made sure the physician does not change the labs recommended.

HMO patients can have a generic form faxed to their physician but again with the understanding that all the lab indicated needs to be drawn.

The Consultation

The doctor will meet with the patient, review labs, mammogram and pelvic or prostate exam findings as well as hormone deficiency related symptoms and discuss whether the patient is a good candidate for this form of therapy.

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Pellet insertion

Typically will occur on the day of consultation or at the patients convenience if they are 100% certain they are ready for the pellets.

The procedure is relatively painless and is performed with a local anesthetic under sterile conditions.

There will be physical limitations after pellet insertion. Women may not bath in tubs, hot tubs, swim or exercise for 3 days after the procedure. Men may not do the same but for 7 days. It is normal to have local soreness to the wound and bruising for up to 2 to 3 weeks.

Other direct instructions for wound care will be given after the procedure but it must be understood that complying with wound care is very important to insure pellets stay in place and do not get infected.

Follow up

Repeat lab is required 4 weeks after initial insertion and at 2 weeks prior to repeat insertion (which is inserted on the opposite side of the buttock).

4 week follow up (after initial insertion) is very important to insuring adequate hormone levels have been attained. In most cases, this can be conducted over the phone (unless a “booster” insertion is needed due to inadequate levels). There is no additional consultation fee associated with the 4 week follow up.

Re-insertion is determined on the basis of symptom return and lab levels. The fees for re-insertion only include the surgical insertion fee and pellet fee. There is no additional consultation fee unless the case is complicated by unforeseen factors (such as infection, non compliance with instructions or other complicating issues).

Insurance Information

We are now filing insurance claims for many health insurance plans. **Presently, the following plans are EXCLUDED:** Tri-care, Medicaid, HMO's or any other plans which directly contract with physicians/providers for services. We file your claim as a “non-participating provider” also know as “out of network provider”.

NOTE: On your initial visit, you will need to pay for services and supplies in full. Your claim will be filed and any surplus will be refunded to you. Every insurance carrier is different, though some have completely disallowed coverage for a variety of reasons. As we develop a history with your carrier and determine what they will or will not pay for, then follow up visits will only require you to pay for those services or products they have shown by previous filing not to cover.

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SottoPelle® Hormone Replacement Therapy Frequently Asked Questions

- 1. What are Sottopelle® Therapy biologically equivalent hormones?**

These hormones are derived from a natural plant source of soy and natural plant based ingredients. They are hand-compounded to be biologically identical to the human forms of estradiol and testosterone. These pellets possess the exact hormonal structure of human hormones. Essentially, the body is given back what it can no longer produce.
- 2. What can I expect SottoPelle® Biologically Equivalent Hormone Therapy to do for me?**

The quality of life given back to every man or woman is second to none. These are the benefits our patients derive from the therapy:

 - a. Restored or increased sexual drive
 - b. Consistency in moods – no more roller coaster effects
 - c. Relief from anxiety and depression
 - d. Increased mental clarity, focus and energy
 - e. Greater capacity for getting the body in shape
- 3. How often will I need SottoPelle® Biologically Equivalent Hormone Therapy?**

It depends on the person. The therapy will typically last from four to six months. The treatments work in partnership with your body 24/7.
- 4. Are there any side effects and/or complications?**

Unlike other forms of hormone therapy, there are virtually no side effects and the treatments are hassle-free.
- 5. How long will it take for the hormones to get into my system and work?**

Most patients see improvement in a short period of time.
- 6. I get horrible headaches. Will this help me?**

Yes! SottoPelle® Biologically Equivalent Hormone Therapy has had great success with hormonally related headaches.
- 7. I have no libido. Can SottoPelle® Biologically Equivalent Hormone Therapy help?**

Yes. Hormone balance will greatly improve your sexual drive.
- 8. Why doesn't my doctor suggest SottoPelle® Biologically Equivalent Hormone Therapy as an option?**

The majority of physicians training is on synthetic hormones. More than likely, they were never trained on the use of biologically equivalent hormone therapy. Whenever you see the SottoPelle® Biologically Equivalent Hormone Therapy certified logo, you can be assured that your physician has been through the official and exclusive SottoPelle® Biologically Equivalent Hormone Therapy program.
- 9. As a woman, why do I need estrogen?**

Biologically equivalent estrogen is the most important hormone to protect against heart attack, stroke, osteoporosis and Alzheimer's Disease. Synthetic estrogen taken orally does not offer these universal benefits.
- 10. As a woman, why do I need testosterone?**

Testosterone gives a woman her mental clarity, libido, and muscle tone and mass. Without it, women often complain of mental confusion, weight gain and poor muscle growth even with regular exercise.
- 11. As a man, why do I need testosterone?**

Testosterone is one of the most important hormones a man possesses. Without it, fatigue, anxiety, depression, loss of mental clarity and libido occur. Furthermore, a deficiency in testosterone may lead to prostate problems, poor sexual performance, loss of muscle tone and mass and the potential to develop osteoporosis.

Dr. Esquivel is a SottoPelle® Trained and Certified Physician

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Symptom Checklist

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Gender: Male Female

Please rate the degree of severity for each of the following symptoms you are experiencing. Circle the number that corresponds to your present level of symptom severity according to the following scale:

0 = not a problem
1 = slight problem
2 = moderate problem
3 = severe problem

Men and Women answer the following:

| | | | | |
|------------------------------|---|---|---|---|
| Mood Changes or Irritability | 0 | 1 | 2 | 3 |
| Tension | 0 | 1 | 2 | 3 |
| Memory loss | 0 | 1 | 2 | 3 |
| Decreased Sex Drive | 0 | 1 | 2 | 3 |
| Depression | 0 | 1 | 2 | 3 |
| Weight Gain | 0 | 1 | 2 | 3 |
| Sleep Loss | 0 | 1 | 2 | 3 |
| Joint Pain | 0 | 1 | 2 | 3 |
| Fatigue | 0 | 1 | 2 | 3 |
| Mental Confusion | 0 | 1 | 2 | 3 |

Women only answer the following:

| | | | | |
|-----------------------------|---|---|---|---|
| Night Sweats | 0 | 1 | 2 | 3 |
| Hot Flashes | 0 | 1 | 2 | 3 |
| Vaginal Dryness | 0 | 1 | 2 | 3 |
| Bloating | 0 | 1 | 2 | 3 |
| Migraine or Severe Headache | 0 | 1 | 2 | 3 |

Men only answer the following:

| | | | | |
|--------------------------|---|---|---|---|
| Loss of Erectile Ability | 0 | 1 | 2 | 3 |
| Loss of Morning Erection | 0 | 1 | 2 | 3 |

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PATIENT INTAKE FORM

PATIENT INFORMATION

Last Name: _____ MI _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____ Ext. _____

SSN: _____ - _____ - _____ Marital Status: _____ Age: _____ Date of Birth: _____ / _____ / _____

E-mail: _____ How did you hear about us: _____

MINOR: _____ Parent(s) or Legal Guardian(s) name: _____ Relation to Patient: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone #: _____ Cell #: _____ Work#: _____

INSURANCE INFORMATION

Insurance Primary Carrier: _____ Phone #: _____

Insured: _____ Group #: _____ Policy #: _____

Insurance Secondary Carrier: _____ Phone #: _____

Insured: _____ Group #: _____ Policy #: _____

ASSIGNMENT OF INSURANCE INFORMATION & BENEFITS

I hereby authorize the insurance carrier listed above to make payments directly to the Health Care Provider and understand that I am financially responsible for all charges incurred that are not covered in full by my insurance. I further understand that if I enroll in another insurance plan, it is my responsibility to notify the Health Care Provider; otherwise I will be responsible for payment.

Patient Signature: _____

Date: _____

Thank You!

Personal Medical history: page 1

Today's date: _____

Patient name: _____

DOB: _____ Age: _____ Gender: _____

Past medical history: Please check all conditions you have ever been diagnosed with. Explain details below the check off list, please. Include whether problem is past or current and approximate date of onset.

Hypertension ___ Diabetes ___ Heart disease ___ Heart attack ___ Liver disease ___ Kidney disease ___
Lung disease ___ Asthma/COPD ___ Cardiovascular disease ___ Cerebrovascular disease ___ Stroke ___
TIA ___ Cancer ___ GERD ___ Hepatitis ___ Osteoporosis ___ Arthritis ___ Seizure disorder ___
Thyroid disorder ___ Bleeding disorder ___ Infectious disease ___ Breast disease ___ Anemia ___
Transfusions ___ Anxiety ___ Depression ___ Other psychiatric ___

Past Surgical history: Check all that apply. Include procedures not on the check off list below. Explain details. Give approximate surgery dates and any complications.

Tonsillectomy ___ Appendectomy ___ Gallbladder ___ Hernia ___ Hysterectomy ___ C-section ___
Back surgery ___ Knee surgery ___ Hip surgery ___ Other orthopedic surgery ___

Hospitalizations: approximate dates, reason

Current prescription medications: list names, strength, dosage interval reason for taking and duration of use:

Personal Medical history: page 2

Today's date: _____

Patient name: _____

Current over the counter medications: list names, strength, dosage interval reason for taking and duration of use:

Current vitamins, minerals, herbs, remedies or other supplements currently being taken : list names, strength, dosage interval reason for taking and duration of use:

Allergies: Check all that apply.

No known drug allergies ____

Medication ____

Environmental ____

Foods ____

Latex ____

Intravenous contrast dye ____

Other ____

Details of above allergies:

Reproductive history

Females:

Age at onset of menses _____ Still menstruating ____ First day of last menses (date) _____

Interval between cycles (indicate days or weeks) _____ Duration of flow _____

Quality of flow heavy ____ medium ____ lite ____ very lite ____

Check all that apply: cycles regular ____ irregular ____ severe cramping ____ bleeding between cycles

____ PMS ____

Personal Medical history: page 3

Today's date: _____

Patient name: _____

Reproductive history (continued)

Number of pregnancies _____ Number of live births _____ Number of miscarriages _____ Number of abortions _____

Birthing complications: _____

Menopause: Age at onset _____ Abnormal vaginal bleeding since? Yes/No

Symptoms: _____

Hormones/herbs/supplements:

Males and Females answer the following:

I prefer not disclosing sexual related information ____

Sexually active Yes/No

Contraception method: _____

Check all that apply: same sex partner ____ opposite sex ____ abstinent ____ single partner ____

multiple partners ____ greater than 4 lifetime partners ____

Sexually transmitted infection history: None/or as noted:

Any sexually related concerns Yes/No

Female Lab Request

Dear Patient,

This is our generic lab form we have sent you to obtain your labs for Dr. Esquivel. Please take this form to your doctor or the lab in your area so your insurance may cover it. It is important to **have them include all the information** on this lab request form **and to include Dr. Esquivel's name as well**. This way we will be sure to obtain a copy of the lab work which we will need for your office visit. *Thank you!*

Special note: If you are a Medicare or HMO patient, it is important that you ask your current Medicare or HMO provider to fill out their lab form with our necessary lab work. This way Medicare or your HMO may cover your lab work charges.

Patient Name: _____

Date of birth: _____

From: Dr. Louis H Esquivel, MD

Please fax labs to: 210 745-0590

Please order/draw the following lab group that is circled:

Pre-treatment Levels

FSH TSH Estradiol Testosterone (total)

Dx: 256.0, 627.2, 246.8, 259.9

Post-treatment Levels

FSH Estradiol Testosterone (total and free)

Dx: 256.0, 627.2, 246.8, 259.9

**Biologically Compatible Hormone Therapy
Female Estradiol & Testosterone Hormone
Insertion Acknowledgment Form**

Although this therapy has been approved for human use, there are few doctors who currently administer estradiol & testosterone pellets in the United States. I realize that this is not the usual and customary means of hormone replacement. I have been told I am to have the biologically compatible hormone testosterone inserted under my skin to achieve a steady delivery of natural testosterone hormone into my blood system. I realize that testosterone can increase my energy, my libido, and increase my sense of well-being. I have also been told that I am to have the biologically identical hormone estradiol inserted under my skin to also achieve a steady state of estrogen in my body. I realize that estradiol can eliminate my mood swings, anxiety and irritability.

I realize in the past, male athletes have abused testosterone. When they took huge quantities of synthetic testosterone, they may have incurred heart problems and elevated cholesterol. However, low-dose, non-oral, natural testosterone that is used in biologically compatible hormone therapy has NOT been associated with these problems.

I understand that there is a charge, depending on the number of biologically compatible hormone pellets I am to receive. The precise amount is to be determined by Dr. Louis Esquivel. As this procedure is often an expense not covered by insurance benefits, I understand payment is due in full at the time of service.

My signature certifies I have read the above and acknowledge I have been encouraged to ask any question regarding biologically compatible hormone therapy. My questions have been answered to my satisfaction.

Patient Signature

Date