



Hormone Balancing Therapy High Risk Disclaimer

Date: _____

Patient Name: _____

The staff at COREhealth fully discussed and disclosed my personal increased risk of potential uterine problems. I understand that I may experience increased risk of abnormal uterine bleeding, pre-cancerous changes of my uterine lining and uterine cancer. I also understand that if I have uterine fibroids or develop fibroids, they may grow. I am willing to take these increased risks because of the possible benefits to my health (increased quality and quantity of life). I understand that I can choose to stop hormone balancing therapy (HBT) at any time. I also understand that if any of the above-mentioned problems occur I may need my uterus removed (hysterectomy). I understand that the following checked items relate to me:

- Presence of pre-existing fibroids
- A long time since my last menstrual period, with no hormone replacement
- Long time use of Prempro, or other suppressive therapy
- Inconsistent use of hormones

Patient Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____