



Welcome to the Center for Pelvic Health and Wellness!

This is your first step towards hormone balance and vitality.

Thank you for your interest in hormone optimization. In order, to determine if you are a candidate for bioidentical hormone replacement, we need laboratory information and your medical history forms. We will evaluate your information prior to your consultation to determine if the BioTE Method® of hormone replacement therapy can help you live a healthier life.

Who is eligible for evaluation and treatment?

Men with normal PSA, no history of prostate cancer, normal urologic exam

Requirements:

FILL OUT our PATIENT FORMS PRIOR to and bring to your consultation in office or fax or email back to us for your virtual consult.

New patient forms are available on our website www.pelvichealthwellness.com and click on forms. You may also fax them back to us at 949-364-2829 or email them to info@pelvichealthwellness.com.

Wellness/Hormone Labs to be done 2 weeks before your consultation:

If on testosterone shots, test on day 4 or 5 (post injection)

If on testosterone creams, hold cream AM of lab draw.

If you have had labs drawn at another office in the last year, please get a copy of those **results to us BEFORE your new labs are drawn.**

Dr Wallace can provide you with necessary lab forms if you haven't had labs within 3 months.

Please take these lab forms to the lab that is contracted with your insurance plan. If one has a high insurance deductible, paying cash for lab services may be more cost effective.

The Center for Pelvic Health and Wellness has negotiated a cash discount for certain lab panels that include a CBC, Complete metabolic panel, PSA, comprehensive thyroid panel, hormones, Vitamin B12, and Vitamin D through Labcorp. Please tell your us which you prefer prior to your consult.

If you choose a cash lab option, we will collect that fee at the same time as your consult.



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Hormone Consult:

Dr Wallace will review your goals, forms, and labs and determine if you are good candidate for BioTe testosterone therapy and recommend any thyroid optimization and supplements for you.

This visit can an in-office visit or a virtual consultation via zoom (30-45 mins).

Pellet Insertion

In office

Post pellet labs

4 weeks (if on thyroid 4-5 hours after am dose- nonfasting)

Post pellet TeleMed

5-6 weeks (decide boost)

Optimal Range

900-1100 total testosterone

Free Testosterone above the mean

upper range + lower range/2 = MEAN

Should you have any additional questions please feel free to call 949-364-4400, option 2.

We are so happy you chose to join us at the Center for Pelvic Health and Wellness!!

Sincerely,

Lisa Andrade, Office Manager



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DEMOGRAPHICS

Last Name _____ First Name _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Date of Birth: ___/___/___ Gender: _____ SSN: _____

Email: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Care Physician (PCP) _____ Phone #: _____

How did you hear about us (circle): Friend Doctor Internet Social Media Ad Insurance

Pharmacy Name: _____ Phone #: _____

Address, City, Zip: _____ Fax #: _____

Responsible Party Other than Patient: _____

Phone: _____ Relationship: _____

ASSIGNMENT & RELEASE: I HEREBY AUTHORIZE THE CENTER FOR PELVIC HEALTH AND WELLNESS (INCONTINENCE & PELVIC SUPPORT INSTITUTE-IPSI) TO FURNISH INFORMATION TO INSURANCE CARRIERS CONCERNING MY ILLNESS AND TREATMENTS AND IRREVOCABLY ASSIGN TO THE DOCTOR ALL PAYMENTS FOR MEDICAL SERVICES RENDERED TO ME OR MY DEPENDENTS. I HEREBY AUTHORIZE IPSI TO ACCESS, COMMUNICATE AND MAINTAIN MY MEDICATION HISTORY ELECTRONICALLY THROUGH ESCRIBE AND/OR OTHER ELECTRONIC PRESCRIPTION SERVICES IN CONNECTION WITH MY MEDICAL TREATMENT AND IN COMPLIANCE WITH IDPAA REGULATIONS.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICIES. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE. FOR ANY BALANCES OVER 45 BUSINESS DAYS OUTSTANDING, I UNDERSTAND THERE MAY BE A MONTHLY FEE FOR BILLING SERVICE, PLUS INTEREST. A PHOTOCOPY OR SCANNED COPY OF THIS ASSIGNMENT AND RELEASE IS AS VALID AND EFFECTIVE AS THE ORIGINAL

Name: _____ Date: _____

Signature: _____ Relationship if Minor _____



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RECORD OF DISCLOSURES

I prefer to be contacted via: (Check all that apply):

Cell Phone Number : _____

OK to leave detailed message including clinical information YES or NO

Home Phone Number: _____

OK to leave detailed message including clinical information YES or NO

Email: _____

OK to leave detailed message including clinical information YES or NO

If available, I agree to receive text message alerts about upcoming appointments:

YES or NO

I agree to receive Email correspondence about upcoming events, seasonal promotions, new services, announcements, the Center for Pelvic Health and Wellness newsletter, blog, etc.

I understand that I have the option to opt out at any time.

YES or NO

Private Practice Acknowledgement

**** NOTE: A copy of our private practice policy is available upon request.**

I have received the Notice of Privacy Practices and I have been provided with an opportunity to review it.

Patient Name: _____ **DOB:** _____

Signature: _____ **Date:** _____



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HELPFUL TIPS FOR COMMUNICATION WITH OUR OFFICE

You and your health are very important to us.
We understand that it is sometimes hard to navigate the phone system.

PRIMARY PHONE NUMBER: (949) 364-4400

FAX: (949)364-2829

ONCE THE GREETING BEGINS SELECT ONE OF THE FOLLOWING EXTENSIONS

Please leave a message if your party does not answer.

Be sure to leave your full name, date of birth and a phone number where you can be reached.

APPOINTMENT SCHEDULING/RECEPTION	select 101 or 102
MEDICAL ASSISTANT or for REFILLS and TEST RESULTS	select 107
SURGERY SCHEDULER – AUTHORIZATION SPECIALIST	select 104
MEDICAL RECORD SPECIALIST	select 103
MANAGER/ADMINISTRATION (Direct Line 949-365-8845)	select 106
BILLING OFFICE dial 949-436-0014	

Messages received before **4:30 pm Monday – Thursday** will be returned within **24 hours**. **Our office closes at noon on Fridays**. Messages received before noon on Friday, will be returned before the close of the business day.

If you require a prescription refill, it is best to call your pharmacy for a refill request to be sent electronically to the office – this often results in faster refills.

If you are calling after hours for an issue that cannot wait until the next day, please call our answering service at 949-361-3247

The patient portal is a new way to communicate directly with your provider. Our staff will give you the information to set up your portal account. Portal messages will be answered throughout the day, however, it is important to note **to not send any urgent messages or urgent refill requests through the portal**. Responses to your inquiries will be answered within 2 business days. Portal messages allow for more detailed questions rather than phone messages, but your provider may decide that you need telehealth or in-office visit to completely address your concerns.

If you are experiencing an emergency, please call 911.

Thank you for your patience and support!

Drs. Wallace, Kanaly, Horton and Annelise Merriner PA-C