**Discharge Letter**

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

Dear XXX,

You were referred to our Endocrinology Clinic for assessment of **hypogonadism** (low testosterone). At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions and test results. Your primary care provider will also receive a report with this information.

# Care instructions

Please ask your primary care provider to:

* Check your blood work once per year
  + Testosterone levels
  + Complete blood count (CBC)
* BMD in: \_\_\_\_\_\_\_\_\_\_
* Prostate Specific Antigen (PSA) and Digital Rectal Exam (DRE) for prostate cancer screening as recommended in local guidelines

Please have your primary care provider refer you back to our clinic or another endocrinologist if:

* You have symptoms of low testosterone, despite testosterone replacement
* Help is needed to adjust your testosterone dose or formulation
* Your CBC shows your hematocrit levels are higher than 0.50
  + This is a marker of blood thickness. If it is too high, it can be a risk factor for clots in the blood vessels

You should be referred to Urology & Endocrinology, if you:

* Have a rising PSA or abnormal prostate when examined
* Are interested in pursuing fertility

# Imaging test results:

|  |  |  |
| --- | --- | --- |
| **Test** | **Date** | **Result** |
| **Scrotal ultrasound** |  |  |
| **Brain MRI** |  |  |
| **Bone mineral density (BMD)** |  | LS T-score: \_\_\_\_\_\_\_\_\_  FN T-score:\_\_\_\_\_\_\_\_\_  TH T-score: \_\_\_\_\_\_\_\_ |

# Blood work results:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Most recent testosterone level** | **Discharge hematocrit** | **Discharge PSA (if done)** |
|  |  |  |  |