

THYROID QUESTIONNAIRE

Pill Dosage_____

Normal Values

4 Hrs. 4-16%

24 Hrs. 10-30%

Name_____Date_____Age_____

Height_____Weight_____Birthplace_____

Reason your doctor ordered thyroid examination_____

What kind of medications are you taking? Include thyroid medication, cold remedies, birth control pills, vitamins_____

What kind of x-ray studies have you had in the past six months?_____

Where were these studies done?_____

What kind of thyroid problems have you had in the past?_____

What kind of surgeries have you had?_____

Do you have any relatives who had thyroid disease or problems?_____

If yes, what is their relationship to you?_____

What area of the country other than Florida have you lived?_____

Have you noticed any lumps in your neck?_____Where?_____

Is it hard to swallow?_____Does your neck hurt?_____

How much weight have you gained in the last six months?_____

How much weight have you lost in the past six months?_____

Have you been on a diet?_____

Has your appetite increased?_____

Has your appetite decreased?_____

Have you been bothered by dry skin?_____

Do you have problems with diarrhea?_____

Do you have problems with constipation?_____

Are you tired most of the time or do you tire easily?_____

Have you lost any hair recently?_____

Do you perspire more than usual?_____

Have you ever had liver disease?_____

Are you bothered by headaches?_____

Have you experienced any chest pain recently?_____

Have you been treated for diabetes?_____When?_____

Do you have problems with your eyes or vision?_____

Did you have radiation therapy to your neck as a child?_____

Is your menstrual cycle normal?_____

When was your last menstrual period?_____

What other medical problems do you have?_____

PREGNANCY INFORMATION

If not applicable, please circle: (N/A)

Recognizing that there is a very small, but unknown risk to a developing fetus exposed to diagnostic levels of radiation, it is imperative that every effort is made to avoid unnecessary exposure to the fetus. For this reason, we require all females ages 12 to 55 to answer the following questions, before proceeding with your x-ray examination.

Patient's
Name: _____

Females 12-55 years of age, please answer the following questions:

I understand that radiation can be harmful to the unborn child.

Date of last menstrual period: _____.

Please complete the following:

- I am pregnant.
- I may be pregnant.
- I am not pregnant.

Patient Signature

Date

Parent or Guardian, if under 18

Date