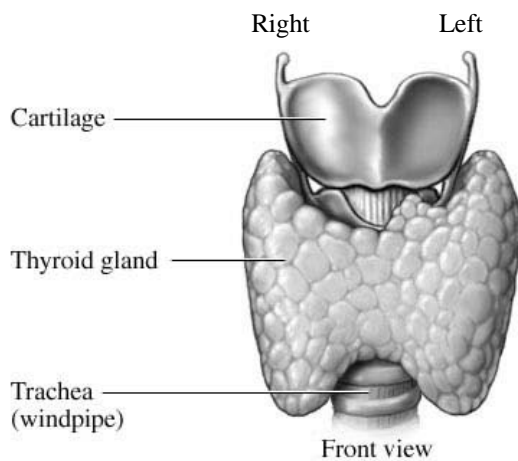


THYROID/PARATHYROID

Name: _____ Date: _____

1. Have you had a thyroid **ultrasound** for this problem? Yes _____ No _____
When _____ Where completed _____
2. Have you had a thyroid nuclear medicine **scan** for this problem? Yes _____ No _____
When _____ Where completed _____
3. Have you ever had a **biopsy** of your thyroid? Yes _____ No _____
When _____ Where completed _____
4. Have you had blood testing done for evaluation of the function of your thyroid gland? Yes _____ No _____
When _____ Where completed _____
5. Can you feel the area of concern? Yes _____ No _____
If not, can a health care provider feel the area of concern? Yes _____ No _____

Please mark area of palpable lump(s) on this diagram:



Has the area changed since it was first noted? Yes _____ No _____
Is it bigger'""'smaller'"" Is it more'""'less'"" noticeable?
What size is it? BB '""'Pea '""'Grape '""'Walnut '""'Larger

6. Do you have a family history of thyroid problems (circle: cancer/goiter)
Family member and approximate age of diagnosis _____
Family history of pancreatic or pituitary tumor? _____
7. Have you ever had thyroid cancer? Yes _____ No _____ Age at diagnosis _____
Name of oncologist _____ Name of radiation/chemotherapy _____
Circle all types of treatment required: surgery/radioactive iodine/chemotherapy
8. Have you ever or are you currently taking thyroid hormone replacement therapy? Yes _____ No _____
Name of medication _____ Length of time on this medication _____
9. Please check mark/circle **ALL** symptoms you have noticed:
____ swollen glands or lumps in your neck (right/left side, single or multiple lumps)
____ change in speaking or singing voice (hoarseness/husky/rough/harsh/lower pitch than before)
____ change/difficulty in swallowing _____ Kidney Stones
____ Osteoporosis
____ Bone Fractures
____ Loss of Appetite
____ Constipation
____ Heartburn or abdominal pain
____ Impaired thinking and memory
____ Weakness and fatigue