

Name: _____

Date of Birth: _____

Today's Date: _____

THYROID DISEASE

1. If you take thyroid hormone, what dose and what brand (Synthroid, Unithroid, Armour, etc.)? _____ mcg/day **(or N/A)** at _____ AM/PM (time of day)

How long do you wait before eating/drinking anything besides water ? _____

Do you take any meds/supplements at the same time as your thyroid medication? **YES / NO**

Which ones? _____

2. Do you take other thyroid pills such as Methimazole or PTU? **Yes/No**

THYROID-RELATED QUESTIONS

Are you experiencing any of these symptoms? Circle if yes:

- | | |
|---|--------------------------------|
| - circle here if NONE of the BELOW | - heart palpitations |
| - feeling too hot compared to others | - changes in skin/hair |
| - feeling too cold compared to others | - trouble swallowing food |
| - fatigue | - hoarseness |
| - feeling anxious | - changes in old lumps in neck |
| - trouble concentrating | - new lumps in neck |
| - hand tremor | - constipation |

1. If you are on **Methimazole (Tapazole)**, circle if you are experiencing any of the following:

- | | |
|---------------|---------------------|
| - fever | - infection |
| - sore throat | - nausea |
| - cough | - vomiting |
| - rash | - none of the above |

2. # bowel movements (**circle per day or per week**)? _____ per **DAY / WEEK**

3. For women, are you still menstruating? **YES/NO** If so, have your menstrual periods changed? **YES / NO**
In what way? _____

4. Since last time, is there any **NEW** family member that has thyroid disease? **Yes/No**