Palm Beach Diabetes and Endocrine Specialists, P.A.

Thyroid Condition Questionnaire

Your Name Last:_____ First: _____

◆ What is your thyroid condition? ☐ overactive ☐ underactive

☐ a nodule ☐ enlarged ☐ tumor ☐ painful

☐ other (describe) _____

◆ How long have you had a thyroid problem?_____

◆ Did you have a thyroid scan? ☐ Yes ☐ No

If so, when?_____ What did it show? _____

◆ Check all thyroid therapies you have received:

☐ propylthiouracil (PTU) ☐ tapazole

☐ radioactive iodine ☐ thyroid hormone (Synthroid, Levothroid, Thyroxine, etc)

☐ neck surgery

◆ Are you experiencing any of the following?

☐ fatigue	☐ restlessness/nervous	☐ hair loss
☐ feeling cold	☐ feeling hot	☐ depression
☐ gaining weight	☐ losing weight	☐ itchy skin
☐ constipation	☐ diarrhea	☐ menstrual disturbance
☐ dry skin	☐ palpitations	☐ puffiness around eyes
☐ muscle cramps	☐ itchy eyes	☐ cough
☐ brittle nails	☐ sweaty	☐ shortness of breath
☐ swelling ankles	☐ shakiness	

◆ List any family members with thyroid disease. What type of condition do they have?

_____

◆ Have you had any pregnancies? When was the last delivery? _____

◆ Are your menstrual cycles regular? If not, are they too frequent, too infrequent?

_____

◆ Date of last menses:_____

◆ What is the number one question on your mind regarding your thyroid condition?

_____

_____

_____

_____

_____