	<u>H</u> y	perthy	<u>roid Pr</u>	evisi	it Que	<u>estionnaire</u>
Since your last appointment in this office have you:				<u>NO</u>	<u>YES</u>	If new issue, please explain:
Started any new kelp or iodine supplements??						
Experienced new neck pain, swallowing, or voice problems.						<u></u>
Noticed new neck masses.						
Missed thyroid hormone doses (if taking)?						
New eye irritation or vision changes?						
Regarding symptoms/p	roblems:					
Rate average energy past week (1=lo		/10				
		**		. 51		
a) Fevers	No Problem	Yes, same	New Prob	Please	e explain	:
b) Sweats						
c) Intolerance of heat or cold						
d) Trouble Swallowing						
e) Changes invoice						
f) Changes in hearing						
g) Chest Pains						
h) Heart Racing						
i) Swelling in legs (edema)						
j) Shortness of breath						
k) Cough						
Nausea or Vomiting						
m) Abdominal Pain						
n) Discomfort with urination						
o) Swelling or pain in joints						
p) Balance problem or falls						
q) Difficulty withmemory						
r) Tremor						
s) Headache						
t) Skin rash orlesions						
u) Hair loss						
v) Bleeding/Bruising						
w) Allergic reactions						
x) Anxiety						
<ul><li>y) Depression</li><li>z) Men: Erectile Dysfunction</li></ul>						
Women: Menstrual Change						

Smoking: Packs per day: \_\_\_\_\_ or per week \_\_\_\_ OR NEVER \_\_\_\_

Alcohol Consumption drinks per day: \_\_\_\_\_ OR per week \_\_\_\_ OR Never \_\_\_\_