Thyroid Previsit Questionnaire

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.			
Noticed new neck masses.			
Missed thyroid hormone doses (if taking)?			
Take thyroid hormone > 30 min prior to eating $\& > 60$ min prior to vitamins.			

Regarding symptoms/problems:

Rate average energy past week (1=low, 10= high): ____/10

	No Problem	Yes, same	New Prob	Please explain:	
a) Fevers					
b) Sweats					
c) Intolerance of heat or cold	l				
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					
l) 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 or lesions					
u) Hair loss					
v) Bleeding/Bruising					
w) Allergic reactions					
x) Anxiety					
y) Depression					
z) Men: Erectile Dysfunction					
Women: Menstrual Change					
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How often/much do you: wake up night to urinate?____/night.

have a bowel movement?	/day OR/week
Smoking: Packs per day: or per week _	OR NEVER

Alcohol Consumption drinks per day: _____ OR per week _____ OR Never _____