



NAME _____ DATE _____ DOB _____

M _____ PHYSICIAN _____ PHONE _____

CONTACT INFO _____

	THYROID IMAGING QUESTIONNAIRE	YES	NO	NOTES
1.	Have you ever had a thyroid uptake and scan before?			
2.	Are you currently taking or have you taken:			
	a. Thyroid medications (such as Synthroid, thyroxin, etc)?			
	b. Vitamin pills / cough medications?			
3.	Do you have allergies (especially to iodine)?			
4.	Have you had any of the following x-ray examinations?			
	a. Kidney test (IVP) in the past 3 months			
	b. CAT scan in the past 4 months			
	c. Gall bladder test in the past 6 months			
	d. Myelogram anytime in the past			
	e. Blood vessel imaging (arteriogram, venogram, or angiogram) in the past 3 months			
5.	Have you had any swelling in your neck?			
6.	Have you had any pain in your neck?			
7.	Do you have any lumps in your neck?			
8.	Do you perspire excessively or more than usual?			
9.	Are you more nervous lately than usual?			
10.	Does hot weather bother you more than usual?			
11.	Does cold weather bother your more than usual?			
12.	Have you lost weight recently?			
13.	Have you gained weight recently?			
14.	Have you had any problems with your eyes recently?			
15.	Do you have heart palpitations (heart skips a beat or pounds hard)?			
16.	Do you become tired more easily than usual?			
17.	Do you have frequent diarrhea?			
18.	Do you have frequent constipation?			
19.	Have you had dry skin lately (more than usual)?			
20.	Have you had any prior surgery on your thyroid?			
21.	Have you had blood work done recently?			
22.	Have you had an ultrasound done of the neck recently?			
23.	Are there any questions you wish to ask?			

QUESTIONS FOR WOMEN

1.	Do you have any reason to believe you may be pregnant? Date of your last menstrual period?		
2.	Are you presently taking birth control medication?		
3.	Do you have any menstrual problems such as infrequent periods, irregular periods, or heavy periods?		
4.	Are you breast-feeding?		