

Endocrine Clinic: Adrenal

New Patient Information Form

Please answer the questions as best as you can.

Who referred you to us? _____

What is the main problem you have right now?

- High Blood Pressure
- Episodes of sweating, nausea, heart racing, and feelings of panic or impending doom
- Lump seen on an x-ray or scan
- Other. Please explain: _____

When did you first notice these problems? _____

Have you had any of the following?

- | | |
|--|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Change in hair growth | <input type="checkbox"/> Feeling of impending doom or panic |
| <input type="checkbox"/> Change in your weight or body shape | <input type="checkbox"/> Feel like your heart is racing |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Shakiness or nervousness | <input type="checkbox"/> Low potassium level on a blood test |

Do you have any family members with:

- | | |
|---|---|
| <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> Adrenal problems |
| <input type="checkbox"/> Parathyroid problems | <input type="checkbox"/> Pancreas lumps or tumors |
| <input type="checkbox"/> Pituitary problems | <input type="checkbox"/> Other: |

Is there any other information you would like to share with us about this problem?
