Endocrine Clinic: Thyroid 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? Lump, nodule or growth Hyperthyroidism (overactive thyroid gland) Other. Please explain: Who first found the problem? Me My provider (doctor, nurse practitioner, or physician's assistant) Found on an x-ray or scan. What kind of scan? _____ Date of scan: _____ Have you had any of the following? Pain Feeling nervous Trouble swallowing Heart racing or palpitations Choking sensation Feeling hot or cold all the time Tremor (shaking) Memory loss Weight gain or loss Very tired or sluggish Hair loss Other: Please check any of the boxes that apply to you: Exposure to radiation such as cancer treatments or nuclear fallout (other than medical x-ray tests) Do you have any family members with: Parathyroid problems Adrenal problems Pituitary problems Pancreas lumps or tumors Is there any other information you would like to share with us about this problem?