

E ENDOCRINE SPECIALISTS *of Atlanta*

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THYROID QUESTIONNAIRE

Have you had any of the following, is so please circle:

SYMPTOM

DESCRIBE if necessary

Overactive thyroid

Underactive thyroid

Radiation to your neck

Thyroid cancer

Difficulty swallowing

Hoarseness

Change in skin, hair, or nails

Change in your weight

Difficulty losing weight

Change in appetitive

Colder than other people

Hotter than other people

Racing of heart or palpitations

Nervousness

Trembling of hands

Swelling

Muscle cramps

Fatigue

Sleepiness

Depression

Difficulty thinking

Change in size of neck

Change in menstrual periods

Hot flashes

When were you first told you had thyroid disease? _____

Have you ever had an Ultrasound of the thyroid? _____

Have you ever had an Uptake and Scan of the thyroid? _____

Have you ever had a biopsy performed on the thyroid? _____

Have you ever had surgery on the thyroid, is so why? _____

Have you had any x-rays recently, which involve dye or contrast material? If so, describe. _____

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