1. **Reason for exam:** *(Please check all that apply)*
   - [ ] Hyperthyroidism
   - [ ] Thyroid nodules
   - [ ] Hashimoto’s Disease
   - [ ] Thyroiditis
   - [ ] Graves Disease
   - [ ] Other: __________________________

2. **Symptoms:** *(Please check all that apply)*
   - [ ] Weight loss
   - [ ] Hair loss
   - [ ] Weight gain
   - [ ] Hand Tremor
   - [ ] Sleep disruption
   - [ ] Heart palpitations
   - [ ] Bowel changes
   - [ ] Increased irritability

3. **Medications:**
   - [ ] Synthroid Last taken __________________
   - [ ] Cytomel Last taken __________________
   - [ ] PTU Last taken __________________
   - [ ] Tapazol Last taken __________________
   - [ ] Amiodarone Last taken __________________

4. **Surgeries**
   - [ ] Thyroidectomy When: __________________
   - [ ] Parathyroidectomy When: __________________
   - [ ] Other neck surgeries? When: __________________

5. **Has a family member ever been diagnosed with thyroid disease?**
   - [ ] Yes  [ ] No
   - Who? __________________________
   - What kind? __________________________

6. **Have you had a CT scan WITH CONTRAST in the past 6 weeks?**
   - [ ] Yes  [ ] No

7. **Have you had any seafood, sushi, kelp or seaweed in the past week?**
   - [ ] Yes  [ ] No

8. **Are you scheduled for Radiolodine Therapy?**
   - [ ] Yes  [ ] No
   - If yes, when? __________________________

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**Patient’s Name (print)**  
**Signature**  
**Date**  
**Time**

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**Staff Name (print)**  
**Signature**  
**Date**  
**Time**

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