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 Radioiodine Therapy?**
   - [ ] Yes
   - [ ] No
   - If yes, when? _______________________________________

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**NAME OF PATIENT** (please print) _______ **SIGNATURE OF PATIENT** ___________ **DATE** _______ **TIME** _______

**NAME OF STAFF** (please print) _______ **TITLE** _______ **SIGNATURE OF STAFF** ___________ **DATE** _______ **TIME** _______