

Welcome to Hartford Healthcare Medical Group Endocrinology

THYROID QUESTIONNAIRE

Name: _____ DOB: _____ Date: _____

Questions and goals for this visit:

Have you been told you have a thyroid disorder?(i.e. underactive thyroid/hypothyroidism, overactive thyroid/Graves disease, thyroid cancer, thyroid nodules, goiter)

Have you ever had your thyroid ablated? Y or N If yes, what year: _____

Have you ever received neck radiation? Y or N

Do you take any supplements or medications from your home country for your thyroid? Y or N

If yes, please list them: _____

Have you ever been prescribed lithium, amiodarone, or interferon alpha? Y or N

Do you take thyroid medication? If yes, which medication (levothyroxine, synthroid, armour): _____

Do you ever forget to take your medication? Y or N

Do you take biotin (supplement sometimes used to strengthen skin, hair, and nails)? Y or N

Have you ever had a thyroid ultrasound? If yes, when and where: _____

Have you ever had an uptake and scan? If yes, when and where: _____

Family history: Do you have any family history of thyroid disease?

- Overactive thyroid
- Underactive thyroid
- Thyroid removal (either surgically or through radioactive iodine)
- Thyroid Cancer

Do any of your blood relatives autoimmune disease (celiacs, vitiligo, multiple sclerosis, rheumatoid arthritis, type 1 diabetes, etc)? _____

Any other health information you would like to tell us regarding your thyroid?

HHCMG Endocrinology & Diabetes Center

Sites: 406 Farmington Avenue, Farmington, CT 06032 | 1559 Sullivan Avenue, South Windsor, CT 06074 | 100 Hazard Avenue, Suite 101, Enfield, CT 06082 | 1244 Storrs Road, Storrs, CT 06268 | 35 Talcottville Road, Suite 1, Vernon CT 06066 | 330 Western Boulevard, Suite 200, Glastonbury, CT 06033 | 73 Waterbury Road, Prospect, CT 06712 | 462 Queen Street, Southington, CT 06489

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