Weinstein Imaging ASSOCIATES

Thyroid Questionnaire

Today's date _____ / _____ / _____ **Birth date** _____ / _____ / _____ _____
month day year **last 4 digits of SS#**

Name _____ Age _____

Referring MD _____ 2nd MD to get report _____

Reason your MD ordered this exam _____

Date of prior thyroid ultrasound, if any _____ Where? _____

Current thyroid medications, if any _____

Results of recent thyroid blood tests _____

Previously diagnosed with:

_____ Underactive (hypothyroid)
_____ Overactive (hyperthyroid)
_____ Thyroid nodule
_____ Goiter
_____ Thyroid cancer
_____ Other thyroid condition: _____
_____

Have you had any of the following?

_____ Thyroid needle biopsy
_____ Thyroid surgery
_____ Radioactive iodine treatment
_____ Radiation therapy to head, neck, or chest
_____
_____ Family history of thyroid cancer
_____ Family history of benign thyroid disease

FOR OFFICE USE ONLY

1- _____ cm (.)
↑ ↓ het pc sp irr ca h>w

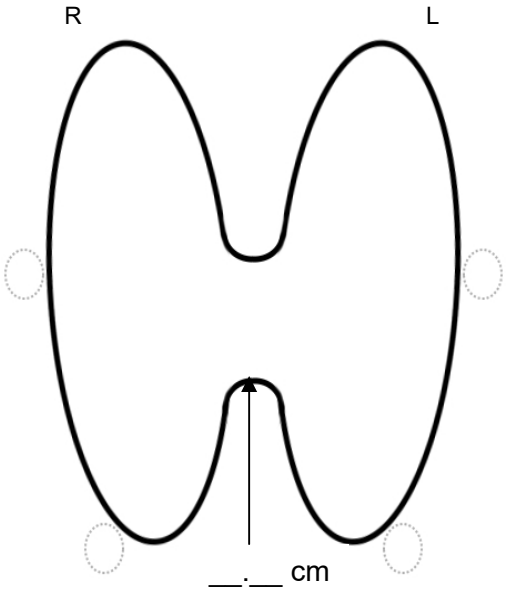
2- _____ cm (.)
↑ ↓ het pc sp irr ca h>w

3- _____ cm (.)
↑ ↓ het pc sp irr ca h>w

4-

5-

6-



1- _____ cm (.)
↑ ↓ het pc sp irr ca h>w

2- _____ cm (.)
↑ ↓ het pc sp irr ca h>w

3- _____ cm (.)
↑ ↓ het pc sp irr ca h>w

4-

5-

6-

↑=hyperechoic,
↓=hypoechoic
het=heterogeneous
pc=partly cystic
sp=spongiform
irr=irregular
ca=Ca++
h>w=taller than wide

__.__ x __.__ x __.__ cm LxAPxW
(prev: __.__ x __.__ x __.__)

__.__ x __.__ x __.__ cm LxAPxW
(prev: __.__ x __.__ x __.__)

☐ heterog ☐ hypervasc ☐ nl parathy ☐ nl LNs ☐ NC _____ _____
Tech

_____

11/15/15