

Exam date ____ / ____ / ____

Birth date ____ / ____ / ____
month / day / year

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

Diagram of a thyroid gland with 'R' (Right) and 'L' (Left) labels. Six numbered checkboxes (1-6) are placed around the gland. A vertical arrow points to the isthmus with a measurement line below it labeled '____ cm'. Below the diagram are two sets of measurement lines: '____ x ____ x ____ CM LxAPxW' and '(prev: ____ x ____ x ____)'. A second set of identical lines is provided to the right.

- homog
- nl vasc
- nl parathy
- nl LNs
- NC
- heterog
- hypervasc