Weinstein Imaging ASSOCIATES

Thyroid Questionnaire

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: _____
_____

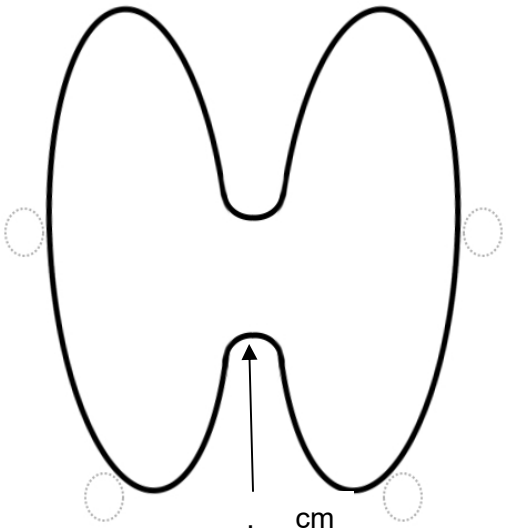
Have you had any of the following?

_____ 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

R L

1- _____ cm (.)
2- _____ cm (.)
3- _____ cm (.)
4-
5-
6-



__.__ cm

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

__.__ x __.__ x __ (prev: __.__ x __.__ x __.__)

1- _____ cm (.)
2- _____ cm (.)
3- _____ cm (.)
4-
5-
6-

☐ homog ☐ nl vasc ☐ nl parathy ☐ nl LNs ☐ NC
☐ heterog ☐ hypervasc _____

_____
Tech

9/21/17