



CEDARS-SINAI®

S. MARK TAPER FOUNDATION
IMAGING CENTER

**THYROID DIAGNOSTIC INTAKE
FORM / QUESTIONNAIRE**

PATIENT I.D. _____

1. Reason for exam: *(Please check all that apply)*

- Hyperthyroidism
- Hashimoto's Disease
- Graves' Disease
- Thyroid nodules
- Thyroiditis
- Other: _____

2. Symptoms: *(Please check all that apply)*

- Weight loss
- Weight gain
- Sleep disruption
- Bowel changes
- Hair loss
- Hand tremor
- Heart palpitations
- 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? _____

| | | | | | |
|--------------------------------|--|----------------------|--------------------|------|------|
| NAME OF PATIENT (please print) | | SIGNATURE OF PATIENT | | DATE | TIME |
| NAME OF STAFF (please print) | | TITLE | SIGNATURE OF STAFF | | DATE |
| | | | | | TIME |