

**ADVENTIST MEDICAL CENTER  
NUCLEAR MEDICINE  
THYROID QUESTIONNAIRE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you had any x-rays, CT scans or angiograms in the past 2 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever had a thyroid study in a Nuclear Medicine Department? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever had thyroid surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please circle the following medications or products used in the past 2 months?*

- |  |                                 |                |
|--|---------------------------------|----------------|
| Thyroid hormones                                       | Therapeutic multivitamins       | Lithium        |
| Anti-thyroid medication                                | Quick tanning lotion            | Kelp tablets   |
| Antibiotics  | Iodine-containing health foods  | Cough medicine |
| Asthma medication                                      | Cholesterol reducing medication | Aspirin        |
| Sedatives (Valium, etc.)                               | Coumadin/Heparin                | Antihistamines |
| Steroids (cortisone, hydrocortisone, prednisone, etc.) |                                 |                |

*Please circle any of the following symptoms you may have experienced*

- |                              |                        |                |
|------------------------------|------------------------|----------------|
| Nervousness                  | Pain in neck, jaw, ear | Weight loss    |
| Fatigue                      | Difficult swallowing   | Weight gain    |
| Tremor                       | Sensitive to heat      | Voice changes  |
| Heart pounding/skipped beats | Sensitive to cold      | Vision changes |
| Hair loss                    | Leg cramps             | Leg swelling   |

**FOR OUR FEMALE PATIENTS ONLY:**

Are you pregnant? \_\_\_\_\_ Are you breast feeding? \_\_\_\_\_ Age of youngest child \_\_\_\_\_  
 Are your menstrual cycles normal for you? \_\_\_\_\_ Date of last menstrual period \_\_\_\_\_  
 Are you taking birth control pills? \_\_\_\_\_

**FOR STAFF USE ONLY** ++++++

<u>ISOTOPE</u>	<u>PATIENT THYROID UPTAKE</u>		<u>THYROID UPTAKE NORMAL RANGES</u>	
I-123	6HR = _____ %	24HR = _____ %	6hr = 3-20%	24hr = 6-36%
I-131	2HR = _____ %	24HR = _____ %	2hr = 1-14%	24hr = 6-36%

**PATIENT LAB RESULTS**

Date Drawn \_\_\_\_\_

\_\_\_\_\_ Normal = ( \_\_\_\_\_ )  
 \_\_\_\_\_ Normal = ( \_\_\_\_\_ )  
 \_\_\_\_\_ Normal = ( \_\_\_\_\_ )

<PATIENT LABEL>