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Thyroid and Parathyroid Surgery

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PLEASE PRINT

Patient Name: _____ **Date:** ____/____/____

REASON FOR VISIT: _____

| | | |
|---------------------------|----------|--------------------------------|
| CURRENT MEDICINES: | 1. _____ | ALLERGIES TO MEDICINES: |
| 2. _____ | 3. _____ | 1. _____ |
| 4. _____ | 5. _____ | 2. _____ |
| 6. _____ | 7. _____ | |

PLEASE LIST ALL PRIOR MAJOR ILLNESSES/SURGERIES (WITH YEARS)

Illnesses/Injuries: 1. _____ 2. _____ 3. _____

Hospitalizations: 1. _____ 2. _____ 3. _____

Operations: 1. _____ 2. _____ 3. _____

FAMILY HISTORY: Heart Disease Diabetes Cancer Sinusitis Allergies Other _____

Which family member? _____

Do you drink soda/coffee/tea? No, never No, but I used to Yes ~ Cups/Drinks per day? _____

Do you drink alcohol? No, never No, but I used to Yes ~ How many drinks? ____/day or wk?

Do you smoke? No, never No, but I used to Yes ~ Packs per day? _____x_____ years

Do you use illicit drugs? No, never No, but I used to Yes ~ Which? _____

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING? (circle Y or N)

| | | | | | |
|--------------------------|-----|-------------------------|-----|------------------------|-----|
| CONSTITUTIONAL | | CARDIOVASCULAR | | GENTOURINARY | |
| weight gain/loss(>15lbs) | Y N | heart attack | Y N | frequent urination | Y N |
| constant night sweats | Y N | high blood pressure | Y N | prostate problems n/a | Y N |
| fatigue | Y N | heart murmur | Y N | pain with urination | Y N |
| EYES | | GASTROINTESTINAL | | SKIN | |
| double vision | Y N | diarrhea | Y N | past skin cancer | Y N |
| glaucoma | Y N | heartburn | Y N | past radiation therapy | Y N |
| EAR/NOSE/THROAT | | ENDOCRINE | | MUSCULOSKELETAL | |
| hearing loss | Y N | diabetes | Y N | arthritis | Y N |
| ear pain | Y N | thyroid disease | Y N | back pain | Y N |
| ringing in ears | Y N | autoimmune disease | Y N | RESPIRATORY | |
| balance problems | Y N | NEUROLOGIC | | asthma/emphysema | Y N |
| hearing aid | Y N | headaches | Y N | chronic cough | Y N |
| difficulty breathing | Y N | seizures | Y N | Tuberculosis | Y N |
| nosebleeds | Y N | stroke | Y N | PSYCHIATRIC | |
| nasal drainage | Y N | HEMATOLOGY | | anxiety | Y N |
| sinus problems | Y N | bruise easily | Y N | depression | Y N |
| snoring | Y N | anemia | Y N | sleep problems | Y N |
| voice changes | Y N | excessive bleeding | Y N | OTHER _____ | |

If YES to any of the above, please explain: _____

Reviewed by: _____, MD