

**Michel Babajanian, MD, FACS**  
**Thyroid and Parathyroid Surgery**  
**2080 Century Park East**  
**Suite 1700**  
**Los Angeles, California 90067**  
**Tel: 310-201-0717**  
**Fax: 310-201-9665**

## **Thyroid & Parathyroid History**

Name:-----

Date of Birth:-----

Gender: ---male ---female

Marital status: ---single ----married ---divorced

Profession:-----

Whom should we thank for referring you?-----

Have you had previous thyroid/parathyroid disease?

----No ----Yes :Explain-----

Have you had previous thyroid or parathyroid surgery?

----No ----Yes : Explain-----

Any family members with thyroid/parathyroid disease?

----No ---- Yes :Explain-----

Any history of exposure to radiation, acne treatment?  
----No ---- Yes :Explain-----

Any history of palpable lumps or nodules in the neck?  
----No ----Yes :Explain:-----

Any history of difficulty swallowing or change in voice?  
----No ----Yes :Explain-----

Any history of difficulty breathing or pain in throat?  
----No ----Yes :Explain-----

Please add any additional pertinent information?  
Explain-----

Thank you for taking the time to complete this  
questionnaire.

Sincerely,

**Michel Babajanian, MD, FACS**