

Patient Name: _____

Date: _____

Address: _____

Date of Birth: _____

City, State, Zip: _____

Home#: _____

Gender (circle one): **MALE** **FEMALE**

Work#: _____

Primary Care Physician: _____

Referring Physician: _____

Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:

- *We do not treat symptoms or diseases.*
- *Allergy is not a disease, rather a condition.*
- *A symptom is an attempt by your body to tell you something.*
- *We will attempt to find the underlying cause.*
- *We do not use drugs in this program.*
- *There is no single "healthy" diet that will work for everyone.*
- *Just because food is considered "healthy", does not mean it is "healthy" for you.*
- *Your diet consists of everything you **eat, drink, rub on your skin, or inhale.***
- *Our procedures are safe and painless.*

Hypothyroidism Risk/Symptoms Checklist

My risk factors for hypothyroidism include:

- ___ I have a family history of thyroid disease
- ___ I have had my thyroid "monitored" in the past to watch for changes
- ___ I had a previous diagnosis of goiters/nodules
- ___ I currently have a goiter
- ___ I was treated for hypothyroidism in the past
- ___ I had post-partum thyroiditis in the past
- ___ I had a temporary thyroiditis in the past
- ___ I have another autoimmune disease
- ___ I have had a baby in the past nine months
- ___ I have a history of miscarriage
- ___ I have had part/all of my thyroid removed due to cancer
- ___ I have had part/all of my thyroid removed due to nodules
- ___ I have had part/all of my thyroid removed due to Graves' Disease/hyperthyroidism I have had radioactive iodine due to Graves' Disease/hyperthyroidism
- ___ I have had anti-thyroid drugs due to Graves' Disease/hyperthyroidism

I have the following symptoms of hypothyroidism, as detailed by the Merck Manual, the American Association of Clinical Endocrinologists, and the Thyroid Foundation of America .

- I am gaining weight inappropriately
- I'm unable to lose weight with diet/exercise
- I am constipated, sometimes severely
- I have hypothermia/low body temperature (I feel cold when others feel hot, I need extra sweaters, etc.)
- I feel fatigued, exhausted
- Feeling run down, sluggish, lethargic
- My hair is coarse and dry, breaking, brittle, falling out
- My skin is coarse, dry, scaly, and thick
- I have a hoarse or gravelly voice
- I have puffiness and swelling around the eyes and face
- I have pains, aches in joints, hands and feet
- I have developed carpal-tunnel syndrome, or it's getting worse
- I am having irregular menstrual cycles (longer, or heavier, or more frequent)
- I am having trouble conceiving a baby
- I feel depressed
- I feel restless
- My moods change easily
- I have feelings of worthlessness
- I have difficulty concentrating
- I have more feelings of sadness
- I seem to be losing interest in normal daily activities
- I'm more forgetful lately

I also have the following additional symptoms, which have been reported more frequently in people with hypothyroidism:

- My hair is falling out
- I can't seem to remember things
- I have no sex drive
- I am getting more frequent infections, that last longer
- I'm snoring more lately
- I have/may have sleep apnea
- I feel shortness of breath and tightness in the chest
- I feel the need to yawn to get oxygen
- My eyes feel gritty and dry
- My eyes feel sensitive to light
- My eyes get jumpy/tics in eyes, which makes me dizzy/vertigo and have headaches
- I have strange feelings in neck or throat
- I have tinnitus (ringing in ears)
- I get recurrent sinus infections
- I have vertigo
- I feel some lightheadedness
- I have severe menstrual cramps