

ENDOCRINE SURGERY PATIENT AND SYMPTOM FORM

Name: _____ MRN#: _____ Date: _____

Age: _____ Date of Birth: _____ Referring Physician: _____

Race/Ethnicity: Please Circle	American Indian Caucasian Asian	African American Hispanic/Latino	Native Hawaiian Alaskan Native
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Reason for visit: _____

How was the problem found: _____

Please tell us if you have had any of the following problems:

Fevers or chills	YES	NO
Recent weight gain or weight loss	YES	NO
Problems with ears, nose or throat	YES	NO
Difficulty swallowing	YES	NO
Voice change or hoarseness	YES	NO
Problems with your heart	YES	NO
Previous heart attack	YES	NO
Irregular heartbeat	YES	NO
Chest pain or angina	YES	NO
High blood pressure	YES	NO
Problems with your stomach or intestines	YES	NO
Diabetes	YES	NO
Heartburn or GERD	YES	NO
Stomach Ulcers	YES	NO
Diarrhea or Constipation	YES	NO
Problems with urination	YES	NO
Arthritis	YES	NO
Osteoporosis or thin bones	YES	NO
History of cancer	YES	NO
History of brain tumors	YES	NO
History of high calcium	YES	NO
History of pancreas tumors	YES	NO
History of carcinoid tumors	YES	NO
Excessive bleeding after surgery or dentistry	YES	NO
Do you smoke tobacco	YES	NO
Do you drink alcohol	YES	NO
Have you ever had radiation treatments	YES	NO
Does anybody in your family have high calcium	YES	NO
Does anybody in your family have thyroid problems	YES	NO
Does anybody in your family have cancer	YES	NO
Does anybody in your family have osteoporosis	YES	NO

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PLEASE TELL US IF YOU HAVE HAD ANY OF THE FOLLOWING SYMPTOMS

Please check	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Voice changes						
Fatigue or low energy						
Aching of bones or joints						
Constipation						
Diarrhea						
Frequent urination						
Excess thirst						
Itching						
Kidney stones						
Acid Reflux (GERD) or heartburn						
Stomach pains						
Depression						
Palpitations						
Insomnia						
Double vision						
Dry eyes						
Dry mouth						
Neck pain						
Lump in the throat						
Difficulty swallowing						
Difficulty breathing						
Memory problems						
Hot flashes						
Flushing in the face						
Excessive sweating or perspiration						
Fast pulse						
High blood pressure						
Headaches						
Dizzy spells or fainting						
Diabetes						
Rash						