CLEAR

THYROID DISORDERS QUESTIONNAIRE

To be completed by the treating physician
(PLEASE USE BLOCK LETTERS)

Bupa

1. PATIENT'S INFORMATION

Last Name		Names	
Date of Birth			

2. DIAGNOSIS

Please provide details about when the condition was diagnosed:

Date of Diagnosis		Diagnosis	☐ Hyperthyroidism ☐ Hypothyroidism

Cause: ☐ Serious diseases ☐ Simple Goiter ☐ Nodular Goiter ☐ Thyroiditis ☐ Thyroiditis Hasimoto
☐ Medical ☐ Iodine deficiency ☐ Thyroid nodule ☐ Thyroid malignancy
☐ Congenital ☐ Pituitary adenoma ☐ Other (specify):

Is the patient under treatment? ☐ Yes ☐ No If "Yes", please provide details.

Has radioactive iodine been administered? ☐ Yes ☐ No

Has the patient undergoing any of the following procedures?
Biopsy ☒ Yes ☐ No Total thyroidectomy ☒ Yes ☐ No Partial thyroidectomy ☐ Yes ☒ No
If you answer yes to any of the above, please include the pathology report

Please provide the following information (include the lab report):

TSH		Free T4		Thyroid Peroxidase Antibodies		Triglycerides	
Glycated Hemoglobin		Total Cholesterol		HDL		LDL	

Thyroid ultrasound result (no longer than 1 year). Omit only in case of total thyroidectomy

Must have been performed within the last 6 months and imaging study within the last 12 month

Has the patient undergone thyroid gamagrama? ☐ Yes ☒ No If "Yes", please provide details.

If you have had thyroid cancer, please attach complete medical record

Are there other diseases, complications, factors or symptoms that have not been mentioned before?
☐ Yes ☐ No If "Yes", please specify:

3. TREATING PHYSICIAN'S INFORMATION			
Last Name		Names	
Address			
Telephone		Fax	
Email			

4. SIGNATURE			
Physician's signature		Date	
Physician's signature		Date	