

# *E* ENDOCRINE SPECIALISTS of Atlanta

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Have you had any of the following, is so please circle:

**SYMPTOM**

**DESCRIBE if necessary**

Overactive thyroid	_____
Underactive thyroid	_____
Radiation to your neck	_____
Thyroid cancer	_____
Difficulty swallowing	_____
Hoarseness	_____
Change in skin, hair, or nails	_____
Change in your weight	_____
Difficulty losing weight	_____
Change in appetite	_____
Colder than other people	_____
Hotter than other people	_____
Racing of heart or palpitations	_____
Nervousness	_____
Trembling of hands	_____
Swelling	_____
Muscle cramps	_____
Fatigue	_____
Sleepiness	_____
Depression	_____
Difficulty thinking	_____
Change in size of neck	_____
Change in menstrual periods	_____
Hot flashes	_____

When were you first told you had thyroid disease? \_\_\_\_\_

Have you ever had an Ultrasound of the thyroid? \_\_\_\_\_

Have you ever had an Uptake and Scan of the thyroid? \_\_\_\_\_

Have you ever had a biopsy performed on the thyroid? \_\_\_\_\_

Have you ever had surgery on the thyroid, is so why? \_\_\_\_\_

Have you had any x-rays recently, which involve dye or contrast material? If so, describe. \_\_\_\_\_

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