

Patient Label:

Date: \_\_\_\_\_

**Thyroid Cancer Form: Initial Visit:**

DIAGNOSIS: Cancer Type \_\_\_\_\_ Size \_\_\_\_\_ Stage \_\_\_\_\_  
 Initial Surgery date: \_\_\_\_\_ Subsequent Surgery dates: \_\_\_\_\_  
 RAI doses/ dates: \_\_\_\_\_  
 Most recent Whole body scan w/d vs. rTSH: \_\_\_\_\_ Results: \_\_\_\_\_

LABS: Date: \_\_\_\_\_  
 TSH: FT4: FT3: Thyroglobulin/ Anti Tg ab (stim vs. non stim):  
 Other:

THYROID MEDS:  
 None Synthroid \_\_\_\_\_ Levoxyl \_\_\_\_\_ Levothroid \_\_\_\_\_ Generic LT4 \_\_\_\_\_  
 Cytomel \_\_\_\_\_ Other: \_\_\_\_\_  
 Calcium / Vitamin D \_\_\_\_\_

SUBJECTIVE:  
 HPI:(Cont)

**Review of Systems**

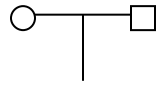
Y	N		Y	N		Y	N	Obstructive sx
		Weakness			Constipation/hyperdefecation/diarrhea			Dysphagia:
		Fatigue			Weight-gain/loss			Hoarseness
		Cold/heat intolerance			Dyspnea			Percieved lump
		Nervousness			Depression/Anxiety			
		Sweating			Appetite			
		Tremors			Concentration/memory			
		ΔHair /Skin			Palpatations			
		Insomnia			Double vision/ pain in eyes			

Other Symptoms:

PMHx: •Meds see flow  
 •See also PHQ

Drug Allergies:

SH: FHx:  
 M D S W. Cigs: none or \_\_\_#ppd  
 Quit cigs: yrs ago, prev smoked ppd.  
 EtOH: \_\_\_# per week  
 Work: Retired FT PT  
 Type of wk.:



ROS: •See PHQ

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**OBJECTIVES:**

Ht:	Wt:	+/- Lbs:	
BP: /	P:	R:	T:

**Gen:** NAD; A&Ox3; Dull Facies; Slow Movement; Puffy hands/face  
**Hair:** Normal Coarse Fine Thick Thin Eyebrows  
**Eyes:** Normal Proptosis cheimosis icterus Lid lag Stare  
**Skin:** Cool Warm Dry Oily Rough Smooth Hyperpigmentation Vitiligo  
**Nails:** Normal Onchyolysis Clubbing  
**Neck:** Scars:/ incision: Lymphadenopathy: Y/ N  
**Thyroid:** Normal Tender spongy/firm Rubbery Bruit Y/ N Absent  
 Nodules Enlarged Small Approx. Size: \_\_\_\_\_  
**CV:** NE or RRR no M, G or R. or  
**Lung:** NE or CTA B. No W, R, R. or  
**Abd:** NE or Soft NT ND BS Bruit HSM: Y/N  
**Neuro:** NE or DTR Biceps Brachioradialis Patellar Achilles  
**Tremor:** None Mild Moderate Severe

**A/P**

**Thyroid hormone status:**

Normal Hypothyroid Hyperthyroid  
 TSH Goal: \_\_\_\_\_  
 Recommend:

Recheck TSH: FT4: FT3: Thyroglobulin/ Anti Tg ab: Other: In: \_\_\_\_\_

**Structural status:**

Thyroid cancer No evidence of disease Concern re: recurrence: Local Lungs Liver  
 Bone:  
 Recommendations:

Recheck: Thyroid exam Thyroid Ultrasound Withdrawal whole body scan  
 Thyrogen whole body scan Thyrogen stimulated Tg in: \_\_\_\_\_

**Other topics discussed:**

- Weight management
- Dietary issues
- Smoking cessation
- Other

**Materials/ Information given:**

- Instruction sheet
- Thyrogen information
- WBS schedule
- Low Iodine Diet
- Calendar for follow up
- Other:

Flowsheet reviewed and updated  
 Labs reviewed and pt. Notified Labs to be reviewed by phone

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Other comments:

Total time: \_\_\_\_\_  
Return Visits

Time counseling: \_\_\_\_\_  
Referrals:

Signature: \_\_\_\_\_  
CC: \_\_\_\_\_

Cosignature: \_\_\_\_\_