

Patient Label:

Date: _____

Thyroid Cancer Form: Follow-up 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: _____

THYROID MEDS:

None Synthroid _____ Levoxy _____ Levothroid _____ Cytomel _____
 Calcium / Vitamin D _____

SUBJECTIVE:

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			
		P/S/F History from initial visit reviewed.			Other sx?			
		New Findings: ___ None, or:						
		P:						
		S:						
		F:						

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 Onchylolysis 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

LABS:

TSH: _____ Date: _____ FT4: _____ FT3: _____ Thyroglobulin/ Anti Tg ab (stim vs. non stim): _____

