



Magnolia  
ENDOCRINOLOGY

## New Patient Thyroid Cancer or Osteoporosis Questionnaire

### IF YOU ARE BEING SEEN FOR THYROID CANCER, complete the following questions:

At what age was your thyroid cancer diagnosed? Age: \_\_\_\_\_

Did you have surgery for your thyroid cancer?  Yes  No

If yes, list surgery location: \_\_\_\_\_

Did you have radioactive iodine?  Yes  No

If yes, do you recall what dose? Dose: \_\_\_\_\_

What is your current dose of thyroid hormone? Dose: \_\_\_\_\_

Do you have a history of low calcium?  Yes  No

If yes, what medication are you taking for it? Medication: \_\_\_\_\_

When was your last neck ultrasound performed?

Date: \_\_\_\_\_ Location: \_\_\_\_\_  Not applicable

Do you know your most recent TSH and Thyroglobulin level?

TSH: \_\_\_\_\_ Thyroglobulin level: \_\_\_\_\_  Date

### IF YOU ARE BEING SEEN FOR OSTEOPOROSIS, complete the following questions:

Please Check Yes or No if any of the following apply to you:

	Yes	No
Have you ever been treated for osteoporosis? If yes, with what medications? _____ From what dates: _____ to _____		
Is there a family history of osteoporosis and/or hip fracture? If yes, list family member _____		
Do you have a history of hip or spine fracture? If yes, list location _____ age _____		
Do you have a history of any other bone fractures? If yes, list location _____ age _____		
Are you lactose-intolerant?		
Have you ever been diagnosed with a thyroid disorder?		
Have you ever been diagnosed with a calcium disorder?		
Do you have a history of kidney stones?		
Do you have a history of anorexia?		

When was your last bone density test?  N/A Date: \_\_\_\_\_ Location: \_\_\_\_\_

Do you take Calcium or Vitamin D?  Yes  No

If yes, Calcium dose: \_\_\_\_\_ Vitamin D dose: \_\_\_\_\_

For Females,

Date of last period \_\_\_\_\_

Are you in menopause?  Yes  No

If yes, were you treated with Hormone replacement therapy?  Yes  No

Indicate from what dates – from \_\_\_\_\_ to \_\_\_\_\_