

Thyroid Function Follow-Up Patient Questionnaire

Dear [Patient's Name],

As part of your ongoing care for thyroid function, we ask that you complete the following questionnaire. Your responses will help us assess your current health status and guide your treatment plan.

Personal Information

Name: _____

Date of Birth: _____

Appointment Date: _____

Medical History

1. Have you experienced any of the following symptoms since your last visit? (Please check all that apply)

- Fatigue
- Weight gain/loss
- Mood changes
- Changes in appetite
- Hair loss
- Other: _____

Current Medications

2. Please list any medications you are currently taking:

Thyroid Medication Compliance

3. Are you taking your thyroid medication as prescribed? (Please circle one)

Yes / No

Additional Comments

4. Please share any additional comments or concerns you may have:

Thank you for taking the time to complete this questionnaire. Please return it to our office prior to your appointment.

Sincerely,

[Your Healthcare Provider's Name]

[Your Clinic's Name]

[Contact Information]