FIRST PHYSICIANS GROUP
of Sarasota Memorial Health Care System

Thyroid and Parathyroid Surgery Health History Questionnaire

Name _____ **Date of Birth** _____

Personal Health History
Check if you have had any of the following
☐ Thyroid Cancer
☐ Thyroid Nodules
☐ Goiter
☐ Labile Hypertension
☐ Osteopenia
☐ Osteoporosis
☐ Scar Keloid
☐ Elevated Parathyroid Hormone Level (PTH)
☐ Elevated Serum Calcium Level
☐ Kidney Stones

Previous Surgical Procedures	
Previous Surgical Procedures	
Procedure	Year
☐ Neck Surgery	
☐ Cervical Spinal Fusion	
☐ Cervical Laminectomy	
☐ Carotid Artery Surgery	

Current Health Concerns		
Please check problems or conditions that you are CURRENTLY experiencing		
☐ Chest pain	☐ Bone pain	☐ Depression
☐ Shortness of breath	☐ Neck pain	☐ Poor concentration
☐ Fast heartbeat	☐ Flank pain	☐ Irritability
☐ Cough	☐ Muscle weakness	☐ Nervousness
☐ Coughing up of blood	☐ Involuntary movements	☐ Excessive sweating
☐ Hemorrhoids	☐ Difficulty swallowing	☐ Flushing
☐ Rectal bleeding	☐ Painful swallowing	☐ Itching
☐ Diarrhea	☐ Eye pain	☐ Brittle nails
☐ Weight loss (lbs.)	☐ Memory lapses or loss	☐ Loss of hair
☐ Weight gain (lbs.)	☐ Earache	☐ Hyperthermia (feeling hot)
☐ Loss of appetite	☐ Hoarseness	☐ Hypothermia (feeling cold)
☐ Increased appetite	☐ Fatigue	☐ Other:
☐ Body aches and pains	☐ Insomnia	

Family History

Please check all that apply

	Father	Mother	Brother	Sister
Thyroid Cancer				
Elevated Serum Calcium Level				
Osteoporosis				
Kidney Stone				
MEN Syndrome				
Elevated Parathyroid Hormone Level				
None of the above				

Patient/Guardian Signature: _____ Date: _____

Rev. 07/2021

Scanning Category: Administrative/Patient Forms