

# THYROID DISEASE

Producer Name: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. List the date of diagnosis: \_\_\_\_\_
2. Was the thyroid disease diagnosed as (more than one is possible)?  
Goiter                     Yes             No  
Thyroid nodule         Yes             No  
Hyperthyroidism       Yes             No  
Hypothyroidism       Yes             No

3. How is the thyroid disease being treated?  
Surgery                 Yes             No  
Radioactive iodine    Yes             No  
Medication             Yes             No

Please give details: \_\_\_\_\_  
\_\_\_\_\_

4. Has a biopsy or fine needle aspiration (FNA) been done? If yes, provide a copy of the report.  
 Yes     No
5. Has client had an ultrasound or radioactive scan of the thyroid? If yes, provide a copy of the report.  
 Yes     No
6. Is client taking any medication? (accurate name, dosage, and reason)
7. Does client have any other health problems? (additional questionnaires may be required)

Please fax to 612-392-7644 or email to [mvp@mvp-servicesolutions.com](mailto:mvp@mvp-servicesolutions.com)