

McLaren Flint
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Thyroid Ultrasound Worksheet

Name _____ Date _____

Indication for exam _____

Severity ____/10 Duration _____

Surgeries _____

Family HX of Thyroid Disorder: _____

Difficulty Swallowing Swelling Nervousness Sweating Palpitations Hair Loss

Tiredness Wt. Gain Wt. Loss Previous Treatment: _____

Nuclear Exam? _____

Previous Study: Yes No Date: _____ Comparison: _____

Rt Lobe: _____

Lt Lobe: _____

Isthmus: _____

Sonographer _____



PT.

MR.#/PM.

DR.