

McLaren Flint  
401 S. Ballenger Hwy. Flint MI 48532  
810-342-2209

McLaren Imaging Center  
501 S. Ballenger Hwy. Suite B Flint MI 48532  
810-342-4800

4 hr. upt.= \_\_\_\_\_  
24 hr. upt. = \_\_\_\_\_

McLaren Flint  
Nuclear Medicine Radiology Department  
Thyroid Worksheet

Date of pills: \_\_\_\_\_  
No. pills given: \_\_\_\_\_  
No. uci per piill: \_\_\_\_\_  
Total uci: \_\_\_\_\_  
Doctor: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Indication for exam \_\_\_\_\_

Severity \_\_\_\_/10      Duration \_\_\_\_\_

Surgeries \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Previous Isotopes: \_\_\_\_\_

Previous Thyroid Surgery: \_\_\_\_\_ Previous Medication: \_\_\_\_\_

Recent Ingestion of Iodine, Thiouracil, Cough Medicine or other meds: \_\_\_\_\_

Recent X-Ray Contrast Media: \_\_\_\_\_

Nervous: \_\_\_\_\_ Weight Loss: \_\_\_\_\_ Heat Tolerance: \_\_\_\_\_

Perspiration: \_\_\_\_\_ Last Normal Menstrual Period: \_\_\_\_\_

Physical Examination: \_\_\_\_\_

Exophthalmos: \_\_\_\_\_ Lidlag: \_\_\_\_\_

Thyroid Size (grams): \_\_\_\_\_ Nodules: \_\_\_\_\_

Tremor: \_\_\_\_\_ Pulse (rate & Rhythm): \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

General: \_\_\_\_\_

Previous History of head and neck radiation (Treatment): \_\_\_\_\_

T<sub>3</sub>= \_\_\_\_\_, T<sub>4</sub>= \_\_\_\_\_, T<sub>7</sub>= \_\_\_\_\_, FTI= \_\_\_\_\_, TSH= \_\_\_\_\_

Previous History (Where, When): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CT Scan (Neck CT or CT Chest): \_\_\_\_\_

US (Thyroid): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outpatient

Inpatient



PT.

MR.#/PM.

DR.