

1. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

3. Are you currently taking any medications? ( ) Yes ( ) No

If yes, what type of medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have thyroid pain? ( ) Yes ( ) No ( ) Left side ( ) Right side ( ) Both sides

If yes, how long have you had this pain? \_\_\_\_\_

5. Have you ever had thyroid nodules or masses? ( ) Yes ( ) No

6. Have you had previous surgery on your thyroid? ( ) Yes ( ) No

If yes, when? \_\_\_\_\_

7. Have you had an ultrasound done before? ( ) Yes ( ) No

If yes, when and where? \_\_\_\_\_

8. Is there anything you would like to disclose to the sonographer before the procedure? \_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_