

**THYROID QUESTIONNAIRE
(COMPLETE ALL QUESTIONS)**

Name of primary applicant: _____ ID/SSN: _____

Name of person treated/relationship to applicant: _____

1. Date of first symptoms or diagnosis? _____

2. What was the original diagnosis (hypothyroid, hyperthyroid, goiter, other)? please specify: _____

3. Give details of past and current treatment: _____

4. Ever had or been advised to have surgery? _____yes _____no
if yes, give details: _____

5. Any prescription medications taken for this condition? _____yes _____no
Name of Medication: _____ **Dosage:** _____ **Frequency (ie.,daily, as needed)** _____

6. Name and address of treating physician: _____

7. Date of last office visit and laboratory studies? _____

Was the last thyroid level within range? _____yes _____no If no, please indicate results of last thyroid level and date: _____

8. What is your current height? _____ weight? _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand that the insurer will rely on these statements when determining eligibility.

Signature of person treated (or parent / guardian if under 18)

Date