

# Thyroid Symptom Form

Pre-appointment symptom tracker — bring this to your thyroid or endocrinology visit

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## PATIENT INFORMATION

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Next appointment: \_\_\_\_\_  
Current thyroid diagnosis (if any): \_\_\_\_\_  
Current thyroid medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
How long have you been on this dose? \_\_\_\_\_

## SYMPTOM CHECKLIST — RATE 0 (NONE) TO 3 (SEVERE)

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### ENERGY & TEMPERATURE

- Fatigue / exhaustion \_\_\_\_\_ • Feeling cold all the time \_\_\_\_\_
- Feeling hot / heat intolerance \_\_\_\_\_ • Night sweats \_\_\_\_\_

### WEIGHT & METABOLISM

- Unexplained weight gain \_\_\_\_\_ • Unexplained weight loss \_\_\_\_\_
- Slow metabolism / difficulty losing weight \_\_\_\_\_
- Increased appetite \_\_\_\_\_ • Decreased appetite \_\_\_\_\_

### HEART & CIRCULATION

- Slow heart rate (bradycardia) \_\_\_\_\_
- Fast heart rate / palpitations (tachycardia) \_\_\_\_\_
- High blood pressure \_\_\_\_\_

## SYMPTOM CHECKLIST (CONTINUED)

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### BRAIN & MOOD

- Brain fog / poor concentration \_\_\_\_\_ • Memory problems \_\_\_\_\_
- Depression or low mood \_\_\_\_\_ • Anxiety / nervousness \_\_\_\_\_
- Irritability \_\_\_\_\_ • Difficulty sleeping \_\_\_\_\_

### SKIN, HAIR & NAILS

- Dry or rough skin \_\_\_\_\_ • Hair thinning or loss \_\_\_\_\_
- Brittle nails \_\_\_\_\_ • Puffy face or eyelids \_\_\_\_\_
- Eyebrow thinning (outer third) \_\_\_\_\_

### DIGESTIVE & REPRODUCTIVE

- Constipation \_\_\_\_\_ • Diarrhea / loose stools \_\_\_\_\_
- Irregular or heavy periods \_\_\_\_\_ • Fertility concerns \_\_\_\_\_
- Muscle cramps or weakness \_\_\_\_\_ • Joint pain or stiffness \_\_\_\_\_

## RECENT LAB VALUES TO BRING

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TSH: \_\_\_\_\_ Date: \_\_\_\_\_ Free T4: \_\_\_\_\_ Date: \_\_\_\_\_  
Free T3: \_\_\_\_\_ Date: \_\_\_\_\_ TPO Ab: \_\_\_\_\_ Date: \_\_\_\_\_  
Vitamin D: \_\_\_\_\_ Ferritin: \_\_\_\_\_ B12: \_\_\_\_\_

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## QUESTIONS I WANT TO ASK MY DOCTOR

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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## NOTES FROM APPOINTMENT

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Doctor's assessment: \_\_\_\_\_

Dose change (if any): \_\_\_\_\_ Next retest: \_\_\_\_\_

Additional tests ordered: \_\_\_\_\_

Follow-up date: \_\_\_\_\_