New Patient Note - Thyroidology

Date: _____ dd / mm / yyyy

Patient medical history

Chief complaint

History of present illness:

Primary MD: _____ Other providers: _____

Referred by: _____

Three wishes for health

Prescriptions:

Supplements:

Allergies:

Current medical diagnoses:

Past medical history:

Surgical history:

Trauma/injury history:

OB/GYN history:

Health maintenance:

Pertinent family history:

Thyroid family history:

GYN family history:

Social history:

REVIEW OF SYSTEMS

Stress history:

General review of systems:

ROS thyroid:

Thyroid history

ROS adrenal:

Adrenal history:

ROS glucose/insulin:

Glucose/insulin concerns:

Food history:

PHYSICAL EXAM

Energy:

Sleep:

Height: _____ Current weight: _____

BMI: _____ Blood pressure: _____

Demeanor:

Head:

Face

Neck:

Lungs

REVIEW OF RECORDS

Skin:

Habitus:

Specify below

ASSESSMENT/PLAN

Assessment

Plan: