

## Questionnaire thyroid examination

Would you please hand this form to the assistant before the examination.

Name of patient			
Date of Birth	Weight (kg)	Phone	MTD

Do you have a known thyroid disorder? Yes ☐ No ☐

Since when? Last examination:

Have you had a surgery of the thyroid? When? Yes ☐ No ☐

Do you take any thyroid medication? Which? Yes ☐ No ☐

Do you take any iodine containing medication? (like Sedacorone, Betaisodona, ...) Yes ☐ No ☐

### In case there is evidence for a thyroid scintigraphy:

Have you had an examination with iodine containing contrast media in the last 3 months? (CT, angiography, ...) Yes ☐ No ☐  
 If yes, when?

I have been informed about the importance of the scintigraphy and the therefore needed injection of a radioactive substance. I consent to the conduct of the proposed thyroid scintigraphy. My questions have been adequately answered during a personal conversation.

**I am not pregnant.**

Time	Patient's signature or legal guardian's signature	Physician's name and signature
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<b>Ärztliche Anamnese</b>		
Aktivität voll	MBq	Uhrzeit
Aktivität leer	MBq	Uhrzeit
TSH <input type="checkbox"/>	fT3 <input type="checkbox"/>	
fT4 <input type="checkbox"/>	TPO <input type="checkbox"/>	
Szinti		
Labor auswärtig		