Thyroid scan questionnaire

Patient name:

- If you are (or could be) pregnant or if you are breastfeeding, please let the nuclear medicine department know.
- If you're hard to draw blood from/start an IV on, please let the nuclear medicine department know.

1	Are you taking any medicine for your thyroid?	yes / no
1a	If yes, please specify (Strumazol, Thiamizol, PTU or Propylthiouracil, Carbimazol, Euthyrox/Thyrax, Eltroxin, Levothyroxine): …	
1b	Have you stopped or will you stop taking this medicine?	yes / no
1c	If yes, when? …	
1d	If no, you have to stop this medicine 3 days before this examination.	
2	Have you ever taken Cordarone (amiodarone) as a medicine?	yes / no
2a	Have you stopped taking this medicine?	yes / no
2b	If yes, when? …	
3	Do you have (or have you had) any swelling in your neck, and/or is/was this painful?	yes / no
3a	If yes, since when, and for how long? …	
3b	Is the swelling painful or is it becoming bigger? …	yes / no
4	Have you had any problems with (or surgery on) your thyroid before?	yes / no
4a	If yes, please specify: …	
5	Has anyone in your family got a thyroid condition?	yes / no

5a	If yes, please specify:	
6	Have you recently (within the last six months) had an x-ray or a cardiac scan using a radiocontrast agent?	yes / no
7	Do you consume large quantities of iodine as part of your diet (kelp tablets or homeopathic medicine)?	yes / no