

**WEINSTEIN IMAGING ASSOCIATES**  
THYROID SONOGRAPHY - MEDICAL HISTORY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring MD: \_\_\_\_\_ 2<sup>nd</sup> MD to get report: \_\_\_\_\_

Reason your physician ordered this examination? \_\_\_\_\_

Have you had a recent thyroid ultrasound? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Are you currently taking any thyroid medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type? \_\_\_\_\_

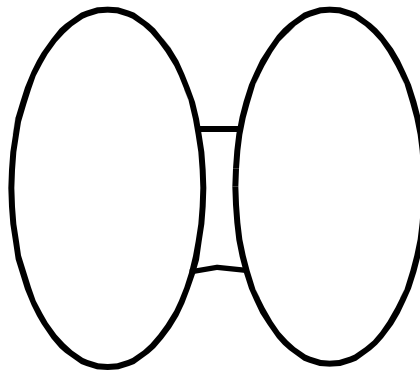
Have you had a previous thyroid biopsy or surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No

Recent lab results related to thyroid? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been diagnosed with either of these conditions?

\_\_\_\_\_ underactive (hypothyroidism) \_\_\_\_\_ overactive (hyperthyroidism)

***For Office Use Only:***



**Right Lobe:** \_\_\_\_\_  
**AP isthmus**

**Left Lobe:** \_\_\_\_\_

Length \_\_\_\_\_

Length \_\_\_\_\_

AP \_\_\_\_\_

AP \_\_\_\_\_

Width \_\_\_\_\_

Width \_\_\_\_\_

Abnormal findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Tech Initials