



# QUESTIONNAIRE

## I-123 Thyroid uptake and scan

rev:1 1/2026

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MR# \_\_\_\_\_ DOB: \_\_\_\_\_ TECH: \_\_\_\_\_

- Thyroid medications \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Contrast Dye injection \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Ultrasound \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Multivitamins \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Tired/ / Fatigue \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Anxious / Nervous \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Weight change (loss or gain) \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Hair loss \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Heart palpitations \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Skin change (oily or dry) \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Trouble sleeping \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Constipation or diarrhea \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Trouble swallowing \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Increased sweating \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_
- Family hx of thyroid problems \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
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