

1 **Appendix A. Standard Hypothyroid Clinic Note Used For All Patients In The Study**

2

3 **PINNACLE HEALTH ENDOCRINOLOGY**

4 **PATIENT:                      DATE OF BIRTH:                      DATE:                      TIME:**

5 **VISIT TYPE:** Office Visit

6 This \_\_\_ year old \_\_\_\_\_ presents for Hypothyroidism.

7

8 **History of Present Illness**

9 1. Hypothyroidism

10 This has been a problem for \_\_\_ years. The severity of the problem is \_\_\_\_\_. The problem has \_\_\_\_\_.

11 Etiology of Hypothyroidism is \_\_\_\_\_. Risk factors include \_\_\_\_\_. Associated symptoms include\_\_\_\_\_ (i.e.  
12 fatigue, irregular menses, neck pain and weight loss, amenorrhea, cold intolerance, constipation, dysphagia,  
13 dyspnea, excessive diaphoresis, hair loss, heat intolerance, increased appetite, irregular heartbeat / palpitations,  
14 muscle weakness, coarse hair). Any hyperthyroid symptoms (i.e. palpitations, tremor, arrhythmia, anxiety)?

15 **Past Medical History, Past Surgical History, Family History, Social History**

16 **Medication Reconciliation**

17 **Review of Systems:**

18 **Vital Signs:**

19 BP mm/Hg      Pulse /min      Resp /min      Temp F      Ht ft      Ht in      Ht cm

20 Wt lb    Wt kg    BMI kg/m2      BSA m2      O2 Sat%

21 **Physical Exam**

22 Constitutional

23 Eyes

24 Neck Exam

25 Respiratory

26 Cardiovascular

27 Vascular

28 Skin

29 Musculoskeletal

30 Extremity

31 Neurological

32 Psychiatric

33 **Assessment/Plan**

34