

Thyroid Function Assessment

Place an X by any symptoms that you are experiencing and place a check mark by any symptoms that you have experienced in the past:

Hypothyroid Symptoms:

- Overall listless demeanor
- Slow body movement and/or slow speech
- Sluggish eye movements
- Prominent bags under eyes
- Difficulty swallowing on command
- Cool skin, as well as low oral temperature
- Skin that is excessively dry or rough
- Dryness of scalp
- Water retention or puffiness, especially in the face
- Low blood pressure
- Slow moving ankle reflexes
- Loss of the outer one-third of eyebrows
- Significant fatigue, lethargy, sluggishness, or history of low thyroid at an earlier age
- Hoarseness for no particular reason
- Chronic recurrent infection(s)
- Decreased sweating even with mild exercise
- Depression
- Lack of motivation
- Require excessive amounts of sleep to function properly
- Slow to heat up, even in a sauna
- Constipation despite adequate fiber and liquids in the diet
- Brittle nails that crack or peel easily
- High cholesterol despite good diet
- Frequent headaches, especially migraine
- Irregular menses, PMS, PCOS, endometriosis, fibroids
- Unusually low sex drive
- Red face with exercise
- Accelerated worsening of eyesight or hearing
- Palpitations or uncomfortably noticeable heartbeat
- Difficulty in drawing a full breath
- Mood swings, anxiety, panic, phobia
- Gum problems

- Mild choking sensation or difficulty swallowing
- Excessive menopause symptoms, not well relieved with estrogen
- Major weight gain
- Aches and pains of limbs, unrelated to exertion
- Skin problems of adult acne, eczema or severe dry skin
- Vague and mildly annoying chest discomfort
- Feeling off balance
- Infertility
- Annoying burning or tingling sensations that come and go
- Problems with memory, focus, or concentration
- More than normal amounts of hair coming out in the brush or shower
- Difficulty maintaining stamina throughout the day
- Mentally sluggish
- Anemia (iron deficiency)
- Dyslexia
- Persistent visual changes
- Prematurely gray hair
- B12 anemia or low B12
- Bipolar disorder
- Raynaud's syndrome
- Mitral valve prolapsed
- Carpal tunnel syndrome
- Persistent tendonitis or bursitis
- Atrial fibrillation
- Alopecia
- Calcium deficiency
- ADD
- Vitiligo
- Neck injury
- Low basal temperature
- Slow pulse rate
- Fibrocystic breasts

Hyperthyroid Symptoms:

- Anxiety
- Tremors
- Excessive sweating
- Racing heart
- Arrhythmia

- Night sweats
- Weight loss
- Bulging eyes
- Fast pulse
- Easily excitable
- Nervous and emotional
- Bi-polar disorder
- Excessive worry
- Inward trembling
- Difficulty gaining weight
- Insomnia
- Disturbed sleep
- Restlessness
- Irritability
- Muscle weakness
- Clubbing of fingers

Other Thyroid Indications:

	Yes	No
1. Have you been diagnosed with hypothyroidism?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been diagnosed with Grave's Disease?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking thyroid medication?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever taken thyroid medication?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a family history of thyroid issues?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a family history of heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a family history of autoimmune diseases?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a family history of high cholesterol and/or triglycerides?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a family history of diabetes?	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a family history of celiac disease? _____
11. Have you experienced a trauma? _____
12. Do you have a personal history of ADD or other learning disorders? _____
13. Do you have a personal history of depression? _____
14. Do you have a personal history of anxiety? _____
15. Do you have a personal history of any mood disorders? _____
16. Do you have a personal history of autoimmunity? _____
17. Do you have a family history of mood disorders? _____
18. Do you have a family history of alcoholism? _____
19. Do you have a history of infertility? _____
20. Have you ever had a miscarriage? _____
21. Have you had a personal history of postpartum depression? _____
22. Do you have problems controlling your blood sugar? _____
23. Did you experience early menopause? _____
24. Have you ever had reproductive issues such as a hysterectomy, endometriosis, PCOS, or fibroids? _____
25. Do you have a personal history of allergies and/or asthma? _____