

Thyroid hx

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Confirms nature of the problem	1
Asks about appetite and weight gain/loss	
Asks about cool or heat intolerance	
Asks about sweating	
Asks about constipation or diarrhea	
Asks about palpitations	
Asks about anxiety, jumpiness, irritability	
Asks about menstrual changes (if relevant)	
Asks about breathlessness Asks about breathlessness if raises hands above head (retrosternal goiter – pemberton’s sign)	
Asks about muscle weakness	
Asks about tremor	
Asks about fatigue/lethargy	
Asks about visual changes – diplopia, blurred vision	
Asks about speech /course or croaking	
Asks about skin changes (yellowish skin, doughy texture)	
Asks if they’ve noticed a goitre	
Any family history	
PMH	
DH Asks specifically about lithium and amiodarone	
SH	
Wants to perform Thyroid function tests	
Interprets TSH and T4 level correctly  Low T3/4 and high TSH = primary hypothyroidism (autoimmune, iodine, radiotherapy) Low T3/4 and normal/low TSH = secondary hypothyroidism (adenoma, surgery)  High T3 and low TSH = primary hyperthyroidism (graves, TMNG, iodine) High T3/4 and high TSH = secondary hypertroidism (TSH making tumour)	
Advises patient appropriately	
Elicits questions	
Thanks Patient	

TOTAL	
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Tom Bircher 2019