**Flight Med, LLC**
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# Hypothyroidism Status Report Worksheet

Patient Name:_____DOB::_____

Condition stable on current regimen and no changes in treatment recommended:

Yes No

If no, what recommended changes:_____

Experienced hypothyroidism signs or symptoms including: fatigue, mental status impairment or symptoms related to pulmonary, cardiac, or visual systems?

None or _____
(List symptoms)

All current medication(s) and dose:

_____

_____

_____

TSH Level (within last year): _____ _____
Level Date of TSH level

_____ _____ _____
Treating Physician's Signature Physician's Printed Name Date