Hypothyroidism Status Report Worksheet

Patient Name:	DOB::	
Condition stable on current reg	gimen and no changes in treatment red	commended:
Yes No		
If no, what recommend	ded changes:	
Experienced hypothyroidism significant significant symptoms related to pulmonar	gns or symptoms including: fatigue, m ry, cardiac, or visual systems?	ental status impairment or
None or(List symptoms)		
All current medication(s) and d	ose:	
TSH Level (within last year):	Level	Date of TSH level
 Treating Physician's Signature	Physician's Printed Name	Date

Expert FAA Medical Assistance!

Clinic Locations:

Ohio:

Wisconsin: 10520 W. Bluemound Rd, Suite 206

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