



Women's Hormone Center of Northern Virginia, PC.

Donna G. Hurlock, M.D.

Gynecologist, NAMS Certified Menopause Practitioner

THYROID STATUS REPORT from _____ Date: _____

(Your name here)

You can reach me at phone # _____ at time: _____. (I usually call patients @ 5-7 pm.)

Current thyroid medicine(s): _____

Prior thyroid dose: _____

(Please indicate how much you take and when, and for how long you've been on this dose.)

What symptoms are improved with the current dose? _____

What symptoms are not changed? _____

Are there any signs or symptoms of overdose? _____

Is the current dose better or worse than the prior dose? _____

Are you happy with the current dose? _____

How much medicine do you have left? (# of pills of each dose) _____

Your pharmacy phone # _____ Do you need one month at a time? _____

If available, what is your current weight? _____ BP _____ Average Pulse _____
(I need this!)

Other info? _____

Fax to Donna Hurlock, MD at **703-273-1544** or mail to 10807 Main St, Suite 500, Fairfax, VA 22030.

Expect a response by phone or fax within 24 hours, excluding weekends and holidays.

Copies of this form can also be downloaded from my website, www.WomensHormoneCenter.com, under "Patient Information and Forms."