



Northside Gwinnett Surgical Associates

A Northside Network Provider

631 PROFESSIONAL DR., SUITE 300, LAWRENCEVILLE, GA 30046
(770) 962-9977

PARATHYROID QUESTIONNAIRE

This form is to be filled out only by Parathyroid patients.

Patient Name: _____ Provider: _____

Date of Birth: _____ Today's Date: _____

- When were you diagnosed with a Parathyroid abnormality? _____
○ How were you diagnosed? _____
- Do you or anyone in your family have a history of Thyroid Disease? YES NO
○ If you answered yes, please provide whom in the family? _____
- Does anyone in your family have Parathyroid disease? YES NO
○ If you answered yes, please provide whom in the family? _____
- Do you have a history of Kidney Stones? YES NO
○ If you answered yes, please provide approximate date of diagnosis _____
- Have you ever been diagnosed with Osteoporosis? YES NO
○ If you answered yes, please provide approximate date of diagnosis _____
- Do you have a history of bone pain? YES NO
○ If you answered yes, please provide approximate date of onset _____
- Have you ever been diagnosed with Cardiac or Renal Disease? YES NO
○ If you answered yes, please provide approximate date of diagnosis _____
- Do you have a history of Mental Alterations? (Depression, fatigue, etc.) YES NO
○ If you answered yes, please provide approximate age of diagnosis _____

FOR OFFICE USE ONLY:

1. Serum ionized calcium _____
2. Simultaneous PTH _____
3. Vitamin D level _____
4. 24 Urine Calcium _____
5. Localization studies (Sestamibi w/CT or U/S) _____

Other information: _____

