

Functional Splanchnology

Thyroid Health Assessment Form

Name

Age

Date

E-mail

Instructions: Fill in the appropriate boxes to enter the information or click on the small boxes for a check mark.

What is your body telling you?

Rate the symptoms of thyroid imbalance that you have experienced in the last 3 months on a scale from 1 to 5. If you did not experience the symptom, please rate it as 1. Here is how to rate your symptoms:

1.

I do not experience this symptom with any regularity.
2.

The symptom is a minor problem — I notice the symptom but can manage most of the time.
3.

The symptom is a moderate issue for me — I can manage it some of the time but I sometimes struggle.
4.

The symptom is a real problem, but I try to push myself through it.
5.

The symptom is severe — I can barely function.

Part 1: Response to Thyroid Medication, Thyroid Gland Enlargement, What Foods Are You Eating

How is your body responding to thyroid medication? Does your thyroid gland have nodules or is it enlarged? What foods are in your diet that may be affecting your thyroid? Theses questions are important clues to determine which pattern is contributing to the way you feel.

THYROID MEDICATION (T/meds)

Are your taking Thyroid medication?

What Medication:

Dosage:

Yes

No

Response to Thyroid Medication (t/meds)

	1	2	3	4	5
No response if t/meds dosage is missed					
No significant response to any t/meds, but normal TSH					
Only feels better with bio-identical t/meds					
Only feels better with T3 combination t/meds					
Only felt better with synthetic t/meds					
Feels over stimulated with T3 or bio-identical t/meds					
Feels fatigued and run down the t/meds					

Thyroid Gland Enlargement

Has anyone ever physically examined your thyroid?

Who?

Yes

No

Is your thyroid gland enlarged?

Does anything make the lump better or worse?

Yes

No

Yes

No

Are there any changes in the lump?

Does it disappear or reappear?

Are there other lumps?

Yes

No

Yes

No

Yes

No

Do you have pain in lump?

Do you have trouble swallowing?

Do you feel pressure or gripping in your throat?

Yes

No

Yes

No

Yes

No

When did you first notice your enlarged thyroid?

What made you first notice your enlarge thyroid?

1 Symptom groups listed in this flyer are not intended to be used as a diagnosis of any disease condition. For nutritional purposes only. © TXu 1-881-452 David Peterson, D.C. rev. 1, 11.2013 All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, broadcasting or by any other information storage and retrieval system without written permission from David Peterson, D.C

Diet: Are you eating? Answer 'Yes' or 'No' to each of these questions.

Gluten: Barley, Rye, Oats, or Wheat (B.R.O.W.)

Yes

No

Try to avoid

Grains: Quinoa, Brown Rice, Buckwheat, Millet, or Corn

Yes

No

Try to avoid

Lectins: Legumes, all dried beans, soy or peanuts, Non-seasonal fruit or vegetable

Yes

No

Try to avoid

Dairy

Yes

No

Try to Avoid

What Dairy?

Cheese

Kefir

Cottage cheese

Milk

Yogurt

Nightshades:

Potato

Tomato

Eggplant

Peppers

Predominantly Raw Foods

Yes

No

Try to include in diet

Avoid raw foods

Fermented Foods

Yes

No

Try to include in diet

Avoid Fermented foods

Vegan/Vegetarian

Yes

No

Paleo/Primal Diet

Yes

No

Do you have food sensitivities?

Yes

Suspect I do

No

Uncertain

Do you eat raw cabbage, broccoli, cauliflower or kale?

Yes

No

Have you been tested for:

Gluten Antibodies

Cross-reactive

HLA-DQ

Food sensitivities

Which Antibodies were positive?

Gluten

HLA-DQ

Cross-reactive

Food sensitivities

Other

Part 2: Primary Hypothyroid, Hypothyroidism Secondary to Decreased Pituitary Output, Thyroid Under Conversion, Thyroid Over Conversion, Hormone Replacement and Thyroid Binding Globulin Elevation, Over Conversion and Hashimoto’s

Are you experiencing the symptoms of early or late low thyroid? Which of the six primary non-thyroid patterns are contributing the most to your condition? We need to know which Hormone Replacement Therapy you are using to determine if it is influencing your thyroid pattern.

Section 1a

	1	2	3	4	5
Cold intolerance					
Constipation					
Depression					
Fatigue					
Paleness					
Thin, Brittle fingernails					
Thin, brittle hair					
Weakness					
Weight gain					

Section 1b

	1	2	3	4	5
Decreased sense of taste and smell					
Dry flaky skin					
Hoarsness					
Menstrual disorders					
Puffy face, hands or feet					
Slow speech					
Thickening of the skin					
Thinning of the outer third of eyebrows					

Section 2

	1	2	3	4	5
Paleness, skin discoloration, & swollen skin					
Hair loss on the head and on the outer third of the eyebrows					
Brittle nails					
Trouble breathing and reduced lung capacity					
Frequent or, occasional palpitations, irregular heartbeat					
Changes in blood pressure					
Swollen tongue, diminished taste perception, loss of appetite					
Constipation, flatulence and gallbladder symptoms					
Reduced urination					
Menstrual irregularities, decreased libido					
Diminished intelligence and memory, constant bad mood					
Low body temperature					
Hearing loss, hoarse voice					

Section 3

	1	2	3	4	5
Areas of body painful, swollen or are warm to touch					
Fluid retention					
Reoccurring manageable headaches					
Indigestion					
Constipation, Diarrhea or both					
Rash					
Sore joints or muscles					
Hot flashes					
Abdominal bloating (gas, belching, or flatulence)					
Abdominal pain, cramps					

Section 4

	No	Yes
Are you using Bio-Identical Hormones?		
Are you using Testosterone hormone replacement?		
Are you using Progesterone hormone replacement?		
Are you using DHEA hormone replacement?		
Are you using Estrogen hormone replacement?		
Are you using Birth control medications?		
Are you using natural supplements for hormones?		

Section 5

	No	Yes
Are you using T3 thyroid medications or Cytomel?		
Lab testing has shown elevated cortisol levels?		
Diagnosed with Insulin resistance or Diabetes?		
Diagnosed with PCOS?		
Labs show high cholesterol/triglyceride		

Section 6

	1	2	3	4	5
Thinning of hair on scalp, genitals, or excessive hair loss					
Hair growth on the face, chest, stomach, thumbs or toes					
Fatigue after meals					
Craves sweets or must have sweets after meals					
Menstrual irregularities, decreased libido					

Part 3: Thyroid Related Pregnancy Complications, Thyroid Resistance, Thyroid Globulin Binding Elevation, Hashimoto’s Autoimmune Thyroiditis, Iodine Induced Thyrotoxicosis

Did you have thyroid-related issues during pregnancy? Which of the six primary non-thyroid patterns are contributing the most to your condition? Are you suffering from Autoimmune Hashimoto's thyroiditis? Have you reached iodine saturation driving you into Autoimmune Thyroiditis? Are you suffering from Iodine toxicity?

Section 7

Did thyroid symptoms appear after	1st child	2nd child	During pregnancy
	Other		
Did you have any of these thyroid related complications during pregnancy?	Miscarriage	Premature delivery	
	Preterm labor	Preeclampsia	
	Postpartum depression	Labor abnormalities	
	Postpartum hemorrhage	Placental rupture	
	Still birth		
	Other		

Did the baby(s) have any thyroid related complications?

Baby distressed during delivery

Low Apgar score

Low birth weight

Physical / Neurological / Psychological problems

Birth defects

Other

Section 8

	No	Yes
Diagnosed with Hashimoto's or Autoimmune Thyroiditis		
Reduced free thyroid hormone with very elevated TSH in labs		
Normal Labs with symptoms of low thyroid hormones		
Lab testing has shown elevated cortisol levels		

Section 9

	1	2	3	4	5
Frequent palpitations, irregular heartbeat					
Inward trembling					
Increased pulse even at rest					
Nervous and emotional					
Low thyroid symptoms					
Feel better if thyroid dosage is changed but symptoms return					

Section 10

	1	2	3	4	5
Increase in weight even with low-calorie diet					
Gain weight easily					
Unusual weight gain, or difficulty losing weight					
Uterine fibroids					
Endometriosis					
Menstrual Migraines					
PMS					
Tender Breasts					
Heavy Bleeding					

Section 11

	No	Yes
Do you have many of the above listed symptoms?		
Elevated Thyroid Peroxidase Antibodies (TPO)		
Elevated Thyroid Antithyrogobulin Antibodies (TAA)		
Do you have Vitiligo?		
Do you have Rheumatoid Arthritis or Lupus?		
Do you have digestive issues?		
Have you been diagnosed with one of the forms of anemia?		
Do you have an enlarged thyroid or thyroid nodules?		
Do you have a goiter?		
Are you taking iodine supplements?		

What were your TPO AB results?

What were your TAA results?

Section 12
(Iodine Supplement Use Only or if you have had recent surgery)

Dietary Iodine Supplements, Food, or Medications

	No	Yes
Lugol's solution, Nascent iodine, Potassium iodide		
Sea Vegetables, Kelp		
Iodorol		

Have you had surgery or medical procedures where topical iodine antiseptic was used?

Yes

No

Section 12a
(Iodine Supplement Use Only or if you have had recent surgery)

	1	2	3	4	5
Increased body temperature					
Frequent palpitations, irregular heartbeat					
Burning mouth and throat					
Sore gums and teeth					
Nausea/vomiting					
Diarrhea					
Confusion					
Abdominal pain					
Metallic taste in mouth					
Shortness of breath					

Part 4: Crossover Symptoms of Low Thyroid, Anemia and Intestinal Microbial Overgrowth, Cytokine Induce Sickness, Neurotransmitter Imbalance

In many cases, the symptoms associated with the thyroid are caused by functional anemia, intestinal microbial overgrowth, dental issues and neurotransmitter imbalance more than the thyroid. Those suffering from autoimmune thyroid conditions may be experiencing the symptoms of combined neurotransmitter imbalances and Cytokine-Induced Sickness.

Section 13

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Feels better with coffee/caffeine, grape seed extract, lycopene					
Feels worse with Immune Stimulators Supplements - Echinacea, Goldenseal, mushrooms, beta glucans, astragalus					
Feels worse with coffee/caffeine, grape seed extract, lycopene					
Feels better with Immune Stimulator Supplements - Echinacea, Goldenseal, mushrooms, beta glucans, astragalus					
Feels better a little coffee/caffeine but feels worse with moderate amounts of coffee/caffeine					
I'm always sick					
I'm sensitive to everything					
I never get sick					
I feel good but I'm not well					

Section 14

	1	2	3	4	5
Feel Cold – hands, feet, all over					
Low body temperature					
Diarrhea					
Constipation, flatulence					
Gallbladder symptoms					
Thinning of hair on scalp, genitals, or excessive hair loss					
Fatigue					
Paleness					
Weakness					
Weight gain					

Section 15

	1	2	3	4	5
Bad reaction to Th1/TH2 challenge					
Bad reaction to GABA challenge					
Bad reaction to Acetylcholine or Dopamine supplements					
Extreme reaction to anything					
Extreme fatigue					
Low Mood					
Anxiety, Anxiousness					
Insomnia					
Hot flashes					
Swelling and redness					
Nausea					
Little motivation to eat					
Withdrawal from normal social activities					
Feeling hot or feverish					
Burning muscles, aching joints					
Have significant changes in sleep patterns					
An inability to experience pleasure					
Have exaggerated responses to pain					
Brain fog					

Section 16

	1	2	3	4	5
Diminished intelligence and memory, constant bad mood					
Inward trembling					
Depression					
Nervous and emotional					
Anxiety					
Insomnia, sleep issues					
Frequent irritability					
Migraine headaches					
Hot flashes					
Low motivation					
Adrenal fatigue symptoms					

Section 17

Do you have any of these Oral or Dental issues

How often to you get your teeth cleaned?

- Root canal, dental implant
- Abscess or tooth infections
- Dental or facial pain alleviated only by loss or extraction of tooth
- Swollen gums
- Acne on face
- Gums bleed easily when you brush or floss
- Receding gums

Comments or Additional Information:

At your next follow-up appointment bring or send in the completed form.
Dr. James Weber at weberchirodc@hotmail.com
