

INTERVIEW PREPARATION WORKSHEET

Please take a few minutes to write down the following information and bring it with you to your clinic appointment. You can refer to these pages during your interview. This will help us to complete the interview more quickly and accurately.

Between January 1, 1958 and the present, have you ever lived in any of the following states:

	<i>please circle</i>
Nevada	Yes / No
Utah	Yes / No
Arizona	Yes / No
New Mexico	Yes / No
Colorado	Yes / No
Idaho	Yes / No
Ohio	Yes / No
South Carolina	Yes / No
Tennessee	Yes / No
Did you live in the Marshall Islands anytime in 1958 or 1959?	Yes / No
Did you live in Pennsylvania anytime during 1979?	Yes / No

If you answered "yes" to any of the locations listed above, please indicate the STATE, the COUNTY (or CITY, if the county is unknown) and the DATES you lived in each county in the space below.

STATE: _____	COUNTY: _____	CITY: _____ <small>(if county unknown)</small>
FROM: _____ / _____ <small>month year</small>	TO: _____ / _____ <small>month year</small>	

STATE: _____	COUNTY: _____	CITY: _____ <small>(if county unknown)</small>
FROM: _____ / _____ <small>month year</small>	TO: _____ / _____ <small>month year</small>	

STATE: _____	COUNTY: _____	CITY: _____ (if county unknown)
FROM: _____ / _____ month year	TO: _____ / _____ month year	

STATE: _____	COUNTY: _____	CITY: _____ (if county unknown)
FROM: _____ / _____ month year	TO: _____ / _____ month year	

STATE: _____	COUNTY: _____	CITY: _____ (if county unknown)
FROM: _____ / _____ month year	TO: _____ / _____ month year	

STATE: _____	COUNTY: _____	CITY: _____ (if county unknown)
FROM: _____ / _____ month year	TO: _____ / _____ month year	

STATE: _____	COUNTY: _____	CITY: _____ (if county unknown)
FROM: _____ / _____ month year	TO: _____ / _____ month year	

STATE: _____	COUNTY: _____	CITY: _____ (if county unknown)
FROM: _____ / _____ month year	TO: _____ / _____ month year	

STATE: _____	COUNTY: _____	CITY: _____ (if county unknown)
FROM: _____ / _____ month year	TO: _____ / _____ month year	

If you need more space, please use a separate sheet of paper.

PERSONAL DOCTORS:

Please list the names and addresses of doctors who have treated you for any type of **thyroid disease**.

If you need additional space, use the back of this page or a separate sheet of paper.

Name	_____
Address	_____
City/State/Zip	_____
Phone	_____

Name	_____
Address	_____
City/State/Zip	_____
Phone	_____

Name	_____
Address	_____
City/State/Zip	_____
Phone	_____

Name	_____
Address	_____
City/State/Zip	_____
Phone	_____

Name	_____
Address	_____
City/State/Zip	_____
Phone	_____

DOCTOR/PRESCRIPTION MEDICATIONS LIST

It is our policy to send copies of your test results from the HTDS clinic to you. If you would also like us to send copies of the results to your personal health care provider, please write in your health care provider's complete address in the space below.

Provider's Name	_____
Address	_____

City/State/Zip	_____
Phone	_____

PRESCRIPTION MEDICATIONS:

Please list any prescription medications you have taken in the last 30 days and the daily dosage.

<u>MEDICATION</u>	<u>DOSAGE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

