INTAKE FORM - PARATHYROID

Name: _____ DOB (dd/mm/yyyy): _____

What issues prompted your referral to Dr. Mabini? (please circle):

Hyperparathyroidism / High calcium levels / High parathyroid hormone levels

Other: _____

Do you have any of the following symptoms? (please check if yes):

- ☐ Osteoporosis (weak, brittle bones)
- ☐ Muscle weakness
- ☐ Fatigue
- ☐ Body aches
- ☐ Loss of appetite
- ☐ Excessive thirst
- ☐ Kidney stones
- ☐ Abdominal pain
- ☐ Bone/joint pain
- ☐ Nausea/vomiting
- ☐ Constipation

Do you see an endocrinologist for your parathyroid problems? If yes, who?:

_____

Are you on any medications/supplements for your parathyroid issues? If yes, please list medications and dosages: _____

Do you have a history of radiation exposure?: _____

Has anyone in your family had parathyroid issues? If yes, please state who:

_____

Have you had any relevant imaging? (ultrasound, CT scan, nuclear parathyroid scan, etc.). If yes, when and where was the test done? _____