Endocrine Assessment

Clinician information	
Name:	License number:
Contact information:	
Date of assessment:	Time of assessment:
Patient information	
Name:	Gender:
Date of birth:	Age:
Patient ID:	Referring physician:
Medical history	
Current medications:	
Past medical history:	
Family history of endocrine disorders:	
Symptoms indicating endocrine dysfunction:	

Clinical symptoms and signs
Thyroid gland
Enlargement (goiter): Yes No
Nodules: Yes No
Tenderness: Yes No
Symptoms of hyper/hypothyroidism:
Adrenal gland
Skin changes (e.g., striae): Yes No
Blood pressure changes: Yes No
Symptoms of hyper/hypoadrenalism:
Pancreas
Symptoms of diabetes (polyuria, polydipsia, polyphagia): Yes No
Weight changes: Yes No
Pituitary gland
Visual field changes: Yes No
Headaches: Yes No
Galactorrhea: Yes No
Parathyroid gland
Symptoms of hypercalcemia/hypocalcemia:
Bone pain: Yes No

Reproductive hormones	
Menstrual irregularities: Yes No	
Libido changes: Yes No	
Fertility issues: Yes No	
Physical examination	
Temperature:	Heart rate:
Respiratory rate:	Blood pressure rate:
Weight:	Height:
BMI:	
Diagnostic tests	
Thyroid function test results (tsh, t3, t4):	
Adrenal function test results (cortisol, acth):	
Blood glucose levels (fasting, postprandial):	
Hba1c:	
Serum calcium and parathyroid hormone (pth):	
Pituitary hormone panel:	
Reproductive hormone panel:	

Assessment
Preliminary diagnosis:
Risk factors identified:
Additional notes
Clinician's signature:
Date: