Pituitary Questionnaire

Patien	t Name:	Date of Birth:			
Self-re	ferral or referred by:	Reason for referral:			
Prior e	endocrinologist (if any):				
	PLEASE RETURN COMPLETED FORM VIA	A EMAIL PRIOR TO YOUR APPOINTMENT			
1)	When were you told about your pituitary problem?				
2)	P) How was it found?				
3)					
4)	What treatments have you been on related to	this?			
5)	Have you had pituitary surgery? Yes or No	o If yes, when and where was it done?			
6)	Have you had radiation treatment to the head	or neck? Yes or No If yes, when?			
7)	Are you having any symptoms associated with yes, explain:	your pituitary problem? Yes or No If			

8) Are you taking or have you taken any of these medicines in the last 2 months?

Medications	Yes	No	Name of medication
For depression			
For bipolar disorder or schizophrenia			
Reglan			
Pepcid or Zantac			
Verapamil or methyldopa			
Hormones (Testosterone, estrogen, etc)			
Steroids (Inhaled, oral, nasal, injectable			
or topical)			
Opioids (morphine, methadone, etc)			
Herbal medications			

9) Do you have any of these medical problems specifically?

Yes	No	Year or diagnosis and details
	Yes	Yes No

10) Does anyone in your family have a history of pituitary problems, parathyroid problems or pancreatic/gastrointestinal tumors? Yes or No If yes, please describe:
11) Have you used amphetamines or cannabis in the last 1 month?Yes orNo
Symptom Review (Check if you have had any in the last 1 month): Fatigue fever weight gain weight loss
Headaches brain fog changes in features of your face
Vision changes Bumping into things
Dry skin itchy skin stretch marks on abdomen easy bruising
Chest pain shortness of breath leg swelling palpitations
Abdominal pain Nausea vomiting diarrhea constipation
For women: Irregular periods milky breast discharge low sex drive
For men: Erectile dysfunction milky breast discharge or low sex drive
Anxiety depression
Intolerance to cold intolerance to heat hair loss
Hand tremor or shaking
Weakness of arms or legs joint pain increase in ring or shoe size
None of the above