

Referral Form for Pre-Radioiodine Clinic Assessment in Charing Cross Outpatient Clinic

All patients referred for radioiodine will now be seen in a specially set up clinic (**CODE M30**) on a Tuesday afternoon as part of the Charing Cross General Endocrine Outpatient Service.

Please supply the following information and fax the form to **1862**
(Attn **Dr Elaine Murphy bleep 3509** who will organise appointments)

ATTACH PATIENT ADDRESS LABEL

DATE OF REFERRAL _____

DIAGNOSIS

GRAVES	<input type="checkbox"/>
TOXIC NODULE	<input type="checkbox"/>
TOXIC MULTINODULAR GOITRE	<input type="checkbox"/>
AMIODARONE INDUCED THYROTOXICOSIS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

EYE DISEASE

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

IF EYE DISEASE PLEASE ARRANGE AN APPOINTMENT WITH MS VERONICA FERGUSON FOR REVIEW PRIOR TO RADIOIODINE

SMOKER

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

MEDICATIONS

CBZ	<input type="checkbox"/>	DOSE _____
PTU	<input type="checkbox"/>	DOSE _____
BETA BLOCKERS	<input type="checkbox"/>	DOSE _____

LAST AVAILABLE TFTS

TSH	_____
FT4	_____
FT3	_____

DAYTIME PATIENT CONTACT TELEPHONE NUMBERS _____

PATIENT EMAIL ADDRESS _____

OTHER RELEVANT MEDICAL HISTORY/MEDICATIONS

Signature of referring doctor

Bleep number

Date