

# ThyroFlex™



## THYROID SYMPTOM SURVEY

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that the Thyroflex™ uses a reflex hammer that may leave a bruise, as such; I will not hold the Practitioner or Nitek Medical Inc. responsible for such any injury. \_\_\_\_\_ Initial here

### Do you suffer from any of the following?

Rate your symptoms below from a scale of: 0 to 3 (0- None, 1- Mild, 2- Moderate, 3- Severe)

- \_\_\_\_\_ Tiredness & Sluggishness, lethargic
- \_\_\_\_\_ Dryer Hair or Skin (Thick, dry ,scaly)
- \_\_\_\_\_ Sleep More Than Usual
- \_\_\_\_\_ Weaker Muscles
- \_\_\_\_\_ Constant Feeling of cold (fingers / hands/ feet)
- \_\_\_\_\_ Frequent Muscle Cramps
- \_\_\_\_\_ Poorer Memory
- \_\_\_\_\_ More Depressed (mood Change easily)
- \_\_\_\_\_ Slower Thinking
- \_\_\_\_\_ Puffier Eyes
- \_\_\_\_\_ Difficulty with Math
- \_\_\_\_\_ Hoarser or Deeper Voice
- \_\_\_\_\_ Constipation
- \_\_\_\_\_ Coarse Hair / Hair loss / brittle
- \_\_\_\_\_ Muscle / Joint Pain
- \_\_\_\_\_ Low Sex Drive / Impotence
- \_\_\_\_\_ Puffy Hands and Feet
- \_\_\_\_\_ Unsteady Gait (bump into things)
- \_\_\_\_\_ Gain Weight Easy
- \_\_\_\_\_ Outer Third Of Eyebrows Thin
- \_\_\_\_\_ Menses More Irregular ( should be 28 Days)
- \_\_\_\_\_ Heavier Menses (clotting / 3+ days)
- \_\_\_\_\_ Carpel Tunnel Syndrome

- \_\_\_\_\_ Palpitations (Skipping of heart beat)
- \_\_\_\_\_ Insomnia
- \_\_\_\_\_ Shakiness
- \_\_\_\_\_ Increased Sweating
- \_\_\_\_\_ Brittle Nails
- \_\_\_\_\_ Loss of Appetite

\_\_\_\_\_ Total HYPER Score (0)

### For patient to fill out (circle one) (cort)

- Yes or No Wake up tired
- Yes or No Wake up full of energy
- Yes or No 2 to 4 pm feel tired, seek snack/Tea/Coffee/coke
- Yes or No Fall asleep in front of TV/reading/computer
- Yes or No As soon as I go to bed - Drop to sleep
- Yes or No Need to read 10 to 15 mins to drift into sleep

### (circle one) (iodi)

- Yes or No Fibrocystic Breast / lumps or ovarian cysts
- Yes or No Goiter Bulge or Band Around the Neck
- Yes or No Slow Speech
- Yes or No Enlarged tongue
- Yes or No Puffy Face Puffy Hands
- Yes or No Do you use iodized salt
- Yes or No Do you eat seafood 4 plus times per week

\_\_\_\_\_ Total HYPO Score (8)

- \_\_\_\_\_ Tachycardia (Rapid or irregular heart beat)

### YOU'RE TEST RESULTS

SYMPTOM SCORE Hypo/Hyper _____ / _____	12.5 mg Iodine/Iodide _____
REFLEX TIME _____	Thyroid support _____
RESTING METABOLIC RATE (RMR) _____	Adrenal support _____

### Reference RMR & Reflex Response      Abnormal Reflex Response (F-PF)

RMR (Woman) = 2,250 cal/day *	HYPOTHYROIDISM ≥ 150 msec
RMR (Men) = 2,750 cal/day *	HYPERTHYROIDISM ≤ 52 msec
Reflex = 52- 150 msec	Optimal ( 52-100)(B/L136-150msec )

\* (+/- 250 cal/day for an over/under weight or aged patient)

Check here for : Antibodies test =( Hypo = 12+ , Hyper = 7+ , Incl. Tach. or Palp.) \_\_\_\_\_

RMR will increase about 400 calories above baseline (before treatment).

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