

Endocrine and Metabolic Systems Review

Endocrinology

I. General Review – Please check all conditions that apply:

For Men and Women:

Rapid Weight change _____

Heat intolerance _____

Cold intolerance _____

For Women Only:

Irregular menstrual periods _____

Excessive facial or body hair _____

II. For women with excessive facial or body hair – please provide the following information:

Where is the hair located? _____

When did it appear? _____

Are menstrual periods regular? _____

Has there been rapid weight change? _____

III. For patients with bone loss (osteoporosis or osteopenia) – please provide the following information:

Date of last bone density exam: _____

Have you had bone fractures? (check one) Yes _____ No _____ If yes, indicate which bones and date of fracture for each _____

Have you had any loss of height? (check one) Yes _____ No _____ If yes, how many inches? _____

What has been your tallest height measurement? _____ feet _____ inches

Have you had kidney stones? (check one) Yes _____ No _____

Are you menopausal? (check one) Yes _____ No _____

IV. For patients with diabetes – please provide the following information:

Do you use a continuous glucose monitor (CGM)? Yes _____ No _____

If yes, brand: _____