

## THYROID DISEASE

Please have the following information completed by physician.

1. Specific ICD-9 Diagnosis:
  - a.
  - b.
  - c.
2. Age of member:
3. Age at date of diagnosis:
4. Reason for hypothyroidism or hyperthyroidism:
5. Please provide thyroid lab work, thyroid scans, and ultrasounds over the last 12 months.
6. Please list current (including meds for all other diagnoses) medications with frequency, dosages, and length of time on medications:
  - a.
  - b.
  - c.
  - d.
  - e.
7. Please list past medications with dosages and reasons for stopping over the past 12 months (side effects, non-compliance, etc.)
  - a.
  - b.
  - c.
8. Please provide an all-inclusive list of follow-up with Physicians (Family Practice, Internal Medicine, Endocrinologist, Radiologist, etc) over the past 12 months. Please use a second page if needed.
9. Please list total number of hospitalizations related to Thyroid disease with inclusive dates of most recent hospitalization. Please include ICU admissions:
  - a.
  - b.
  - c.
10. Any Future Planned/Follow-up needs: (Be as specific as possible, include when the follow-up is needed)
  - a.
  - b.
  - c.
  - d.
11. Copy of EFMP application and supplemental documents.
  - a. Copy of Letter of Category Assignment (if applicable)