



## Dr Stickney's Initial Surgical Evaluation

You are receiving this form because you referred yourself through Dr. Stickney's website for concerns about a possible parathyroid adenoma. The following information will help Dr. Stickney know how best to advise you. Once the information is reviewed, you will receive a call regarding Dr. Stickney's recommendations for you. Thank you.

Please provide us with the following information:

Today's Date: \_\_\_\_\_

Full name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax (if available): (\_\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

Gender:  Male  Female

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

\_\_\_\_\_

Current Medication List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all prior surgeries: \_\_\_\_\_

\_\_\_\_\_

List major medical problems or diagnoses for which you have been or are being treated.

\_\_\_\_\_

\_\_\_\_\_

Do you have a latex allergy? Yes or No

Have you been diagnosed with sleep apnea? Yes or No

Have you ever had a kidney stone? Yes or No

If yes, when? \_\_\_\_\_

Do you have osteoporosis? Yes or No

Have you had any bone fractures? Yes or No

Have you had a DEXA scan? Yes or No

If yes please send or fax report.

Have you ever had calcium or parathyroid hormone levels checked? Yes or No

If yes, please send or fax all blood work results with this form.

Have you had a 24-hour urine test? Yes or No

If yes, please send or fax results with this form.

Have you had an ultrasound of your neck/parathyroid area? Yes or No

If yes, please send or fax report with this form.

Have you had a sestamibi scan of the neck? Yes or No

If yes, please send or fax report with this form.

If you do not have these tests, do not worry at this time. Simply send what you do have. At a minimum, this should include a calcium and parathyroid hormone blood level (sometimes called PTH).

Please send this completed form with copies of any of the above test results back to Dr. Stickney's office at 904 7<sup>th</sup> Avenue, Seattle, WA 98104. It is important to include a copy of your insurance card (front and back) so we can verify with your insurance for authorization. We will try to review your information as soon as possible, but it may take up to two weeks.

Please note: there is a charge of \$200.00 for Dr. Stickney to review your records; this must be paid prior to her recommendations. Please include a check with the rest of the documentation. The \$200.00 charge is valid for one year.