Disease and Pathology

Name:

Visit date:

Presentation

STICKER

Hypopit: Full ☐ Partial ☐ No ☐

OR Yes ☐ No ☐ Dates/Location

Radiation Yes ☐ No ☐ Dates/Location

Family MD:
Neurosurgeon:
Eye specialist:

Others:

Allergies:

Current management & follow-up

Tumour - specific medications None ☑

	Yes	No	Dose
Bromocriptine	☐	☐	
Cabergoline	☐	☐	
LAR	☐	☐	
Other	☐	☐	

Pituitary replacement therapy None ☑

	Yes	No	Type/dose
Adrenal	☐	☐	
Thyroxine	☐	☐	
E2	☐	☐	
Testosterone	☐	☐	
GH	☐	☐	
DDAVP	☐	☐	

*Date of Last **MRI:***

Findings: Stable *Yes* ☑ *No* ☐

*Date of last **Eye exam:***

Findings: Stable *Yes* ☑ *No* ☐

General *Symptoms:*

	Yes	No
Headaches	☐	☑
Visual Changes	☐	☑
Low Energy	☐	☑
Δ Weight	☐	☑
Δ Appetite	☐	☑
Nausea	☐	☑
Joint Pain	☐	☑
Δ Temperature	☐	☑
Δ Skin or hair	☐	☑
Δ Bowel	☐	☑
Δ Mood	☐	☑
Dizziness	☐	☑

Other

Regular Cycles Yes ☐ No ☐ LMP:

every

Galactorrhea	☐	☐
Fertility issues	☐	☐
Sexual dysfn	☐	☐
↓ Libido	☐	☐
Osteopenia	☐	☐
BPH	☐	☐
Annual DRE	☐	☐

Polydipsia or polyuria *Yes* ☐ *No* ☒

Name:

Visit date:

Cushings

	Yes	*No*	*N/A*
Active	☐	☐	☒
Hirsutism/acne	☐	☐	
Insomnia	☐	☐	
Mood changes	☐	☐	
Muscle weakness	☐	☐	
DM	☐	☐	
HTN	☐	☐	
Fracture	☐	☐	
BMD	☐	☐	

Acromegaly

	Yes	*No*	*N/A*
Active	☐	☐	☒
Sweating	☐	☐	
Δ hands/feet	☐	☐	
Carpal Tunnel	☐	☐	
Joint pain	☐	☐	
Sleep apnea	☐	☐	
DM	☐	☐	
HTN	☐	☐	
MNG	☐	☐	
LVH	☐	☐	
ECHO	☐	☐	
Colonoscopy	☐	☐	

Past Medical History and Medications

Physical findings

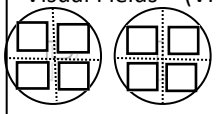
Wt: BP: / P:

Skin: BP: / P:

Visual Acuity:

R: L:

Visual Fields (VF):



VF Normal ☐

RAPD *No*

R ☐ L ☐ ☐

Normal:	*Yes*	*No*
EOM:	☐	☐
Fundi	☐	☐
Colour/ vision	☐	☐

Normal :	*Yes*	*No*
Thyroid	☐	☐
CV	☐	☐
Resp.	☐	☐
(GI)	☐	☐
Euthyroid	☐	☐

Features of:	*Yes*	*No*
Excess cortisol	☐	☐
Excess GH	☐	☐

Laboratory Date am ☐ pm ☐

Cortisol	Lytes
TSH	usg /osmo
FT4	eGFR
FT3	A1c
PRL	Glucose
IGF-1	Lipids
GH:	Hb
LH/FSH	LFTs
E2/Prog	PSA

Total/bioavailable testosterone

Impression/Plan

Investigations

MRI	*q 6mo* ☐	*12mo*	☒	*24mo*	☐
Eyes	*q 6mo* ☐	*12mo*	☒	*24mo*	☐
Labs	*q 6mo* ☐	*12mo*	☐	*24mo*	☐

	Yes	*No*	Test
Dynamic testing	☐	☒	

Referral