

HYPERTHYROIDISM TREATMENT PROGRESS

Patient Name: _____

Physician: _____

Start Date: _____

Medication/Dosage: _____

| DATE | TSH (MIU/L) | FREE T4 (NG/DL) | FREE T3 (PG/ML) | WEIGHT/HR | SYMPTOMS/NOTES |
|-------------|------------------------|----------------------------|----------------------------|------------------|-----------------------|
|-------------|------------------------|----------------------------|----------------------------|------------------|-----------------------|

Clinical Observations & Adjustment Logs

This chart is for personal tracking only. Always consult with your endocrinologist regarding lab results and dosage changes.