

Hypothyroidism Nursing Care Template

Patient Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: _____

Patient ID: _____

Contact Number: _____

Email Address: _____

Blood test taken - Hashimoto's Disease present

Physical exam - Enlargement of thyroid present

Symptoms present:

Fatigue

Numbness/tingling in hands

Constipation

Weight Gain

Body soreness

Elevated blood cholesterol levels

Depression

Low tolerance to the cold

Low libido

Frequent and heavy periods

Puffiness in the eyes and face

Brain fog

Thyroid Stimulating Hormone Test Results:

Date/Test number:	Results:	Interpretation:

Nursing Diagnosis and Intervention

Diagnosis	
Assessment	
Intervention	
Notes / Referrals	

Review on: ____ / ____ / _____

Physician's Notes and Recommendations

Physician's Signature: _____ Date: ____ / ____ / ____