**POST-THYROIDITIS**

**Letter to Primary Care Provider**

\_\_\_\_\_\_\_\_\_\_\_\_\_ is being discharged from the endocrine clinic.

Reasoning for discharge from Endocrine Care:

\_\_\_\_\_\_\_\_\_\_\_\_\_ had thyroiditis, which has now resolved. They are clinically and biochemically euthyroid

* Without medication
* On levothyroxine: \_\_\_\_\_\_\_\_\_ mcg/day

Summary of Key Results:

TSH (thyroid stimulating hormone) at presentation: \_\_\_\_\_\_\_\_\_\_

Free T4 at presentation: \_\_\_\_\_\_\_\_\_\_

TSH at discharge: \_\_\_\_\_\_\_\_\_\_

Imaging:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Follow-up (select those that apply):

* No follow-up monitoring
* TSH in \_\_\_\_\_\_\_\_\_ (MM/YEAR) and then annually
* Check TSH if symptoms develop of hyper- or hypothyroidism or neck pain
* Preconception TSH

Refer back to Endocrinology if:

* Recurrent thyroiditis
* Assistance in management of primary hypothyroidism or hypothyroidism in pregnancy