1 Patient Information

1 PATIENT DETAILS

Name: _____ Date of Service: _____

DOB: _____ Provider: _____

Age / Sex: _____ MRN: _____

Visit Type: Thyroid / Neck Mass Evaluation _____

Mass Location / Laterality: _____ Referral Source: _____

CC Chief Complaint

2 PRIMARY THYROID / NECK MASS CONCERN

Primary concern in patient's own words — location, laterality, duration, whether mass is enlarging, painful, persistent, or incidentally discovered...

S Subjective

3 PATIENT-REPORTED NECK, THYROID & HEAD AND NECK SYMPTOMS

3a ONSET & COURSE

When mass/swelling first noticed, sudden vs gradual, stable/enlarging/fluctuating/recurrent/resolving...

3b LOCATION & LATERALITY

Anterior neck, thyroid region, lateral neck, submandibular, parotid, supraclavicular, or midline. R/L/bilateral...

3c MASS CHARACTERISTICS

Patient-reported size change, tenderness, firmness, mobility, skin changes, drainage, warmth, or association with infection...

3d THYROID-RELATED SYMPTOMS

Heat/cold intolerance, palpitations, tremor, weight change, fatigue, hair/skin changes, bowel changes, menstrual changes, or compressive symptoms...

3e COMPRESSIVE / AERODIGESTIVE SYMPTOMS

Dysphagia, odynophagia, globus, voice change, hoarseness, dyspnea, stridor, cough, choking, or positional breathing difficulty...

3f INFECTIOUS / INFLAMMATORY SYMPTOMS

Fever, chills, sore throat, recent URI/dental/skin infection, pain, redness, or rapid swelling...

3g MALIGNANCY RISK FACTORS

Tobacco/alcohol use, prior head/neck radiation, family history of thyroid cancer or MEN, prior cancer history, unexplained weight loss, night sweats, hemoptysis, persistent hoarseness, or persistent enlarging lymph node...

3h PRIOR EVALUATION & TREATMENT

Prior ultrasound, CT/MRI, FNA biopsy, thyroid labs, antibiotics, steroids, endocrine evaluation, prior neck surgery, or prior pathology...

3i PERTINENT NEGATIVES

Denial of airway compromise, rapidly enlarging mass, progressive dysphagia, persistent hoarseness, hemoptysis, unexplained weight loss, fever, night sweats, supraclavicular mass, or neurologic deficits...

ROS ENT / Thyroid Review of Systems

4 PERTINENT POSITIVES & NEGATIVES

- ☐ **Neck mass / thyroid swelling / lymphadenopathy**
- ☐ **Neck pain / tenderness / redness / drainage**
- ☐ **Dysphagia / odynophagia / globus sensation**
- ☐ **Hoarseness / voice change / chronic cough**
- ☐ **Dyspnea / stridor / positional breathing symptoms**
- ☐ **Fever / chills / night sweats / weight loss**
- ☐ **Heat/cold intolerance / palpitations / tremor / fatigue**
- ☐ **Tobacco/alcohol or radiation exposure**

O Objective

5 MEASURABLE & OBSERVED FINDINGS

V VITAL SIGNS

Temperature: _____ Blood Pressure: _____

Heart Rate: _____ Respiratory Rate: _____

Oxygen Saturation: _____ Height / Weight: _____

Pain Score: _____

5a GENERAL APPEARANCE

Appearance, distress, voice quality, breathing, swallowing comfort...

5b HEAD / FACE / EARS / NOSE

Head & Face: _____ Ears: _____

Nose: _____ Oral Cavity / Oropharynx: _____

5c NECK — PRIMARY FOCUS

Mass location: _____ Size / Laterality: _____

Consistency (soft / firm / hard): _____ Mobility (freely mobile / fixed): _____

Tenderness / Skin changes: _____ Fluctuance / Fixation / LAN: _____

5d THYROID

Enlargement, nodules, tenderness, asymmetry, movement with swallowing, compressive findings, thyroidectomy changes...

5e RESPIRATORY / AIRWAY & NEUROLOGICAL

Respiratory / Airway: _____ Cranial Nerves / Vocal Quality: _____

PP Procedures Performed

6 NECK / THYROID / ENT PROCEDURES THIS VISIT

Procedure name, indication, technique, location, laterality, instruments, topical/local anesthesia, findings, specimen collection, tolerance, complications. Examples: flexible laryngoscopy, US-guided FNA, neck mass biopsy, thyroid ultrasound, needle aspiration, I&D, nasal endoscopy...

L Lab & Diagnostic Results

7 THYROID & NECK MASS DATA

7a IMAGING STUDIES

Thyroid ultrasound, neck ultrasound, CT neck, MRI neck, PET/CT, chest imaging, prior surveillance imaging...

7b LABORATORY STUDIES

TSH, free T4, T3, thyroid antibodies, thyroglobulin, calcitonin, calcium/PTH, CBC, inflammatory markers, infection-related labs...

7c PATHOLOGY / CYTOLOGY

FNA results, Bethesda category, biopsy pathology, molecular testing, flow cytometry, or surgical pathology...

7d ENDOSCOPY FINDINGS & PRIOR RECORDS

Vocal cord mobility / laryngeal / airway findings: _____ Prior endocrinology/oncology/operative records: _____

A Assessment

8 THYROID & NECK MASS CLINICAL INTERPRETATION

Primary diagnosis: thyroid nodule, multinodular goiter, cervical lymphadenopathy, salivary gland mass, branchial cleft cyst, thyroglossal duct cyst, abscess, lymphoma concern, metastatic neck disease, or thyroid malignancy. Laterality, size, duration, growth pattern, risk features. Malignancy risk stratification and tissue diagnosis need. Airway, swallowing, voice, infectious, or compressive risks requiring urgent intervention...

P Plan

9 THYROID & NECK MASS MANAGEMENT

9a DIAGNOSTIC EVALUATION

Ultrasound, CT/MRI, thyroid labs, FNA biopsy, culture, endoscopy, or pathology review ordered...

9b MEDICAL TREATMENT

Antibiotics, anti-inflammatory therapy, thyroid-related management, or symptom control...

9c PROCEDURE / SURGICAL PLANNING

FNA, biopsy, drainage, excision, thyroidectomy, neck dissection, or laryngoscopy if indicated...

9d REFERRALS & PATIENT EDUCATION

Endocrinology, oncology, radiology, pathology, SLP, PCP. Warning signs, airway symptoms, dysphagia progression, biopsy expectations, follow-up importance...

F Follow-Up

10 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Imaging review, biopsy/FNA results, lab review, symptom reassessment, surgical planning, malignancy surveillance, or urgent reassessment for airway/swallowing changes...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: ___ E/M Level: _____ Procedure Code(s): _____

Basis for Billing: _____ Primary ICD-10 Code: _____

Secondary ICD-10 Code(s): _____

PHYSICIAN NAME, MD	SPECIALTY: OTOLARYNGOLOGY / HEAD AND NECK SURGERY	DATE	TIME