

# Thyroid Report - Assessment Instructions



**COUNTRY HEALTH**  
Innovative  
Diagnostic Tests  
Health Screening  
Nutritional  
Functional Therapy



Get Well  
and Stay Well



**COUNTRY HEALTH**  
Bowel Cancer  
Screening  
Private GP Practice  
Food Intolerance Testing

**Dr Oliver Frey, MD MRCGP**

Private GP in Suffolk with special interest in Thyroid Health

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# How to complete a Thyroid Assessment Form

Thank you for ordering a [new] thyroid report. We want to give you the best possible advice not only based on your most recent results, but also on your current symptoms.

To do this, we send you a link to complete an easy form. We do this via a method called “**Direct Message**”.

A Direct Message (DM) allows us to send a message to you with an extra layer of security. It uses an email containing a link to the message and an SMS containing an access code to ‘unlock’ that message.

The first thing you will see in your inbox is this:

**CountryHealth - You have received a direct message**

When you open the message, you will see a text like this:

CountryHealth <noreply@writeupp.com>

Hi,

*You have been sent a secure message (DMExxxF) by Dr Oliver Frey at CountryHealth. To view the message click on the link below and enter the access code that you will receive via SMS in the next few minutes.*

**Click here**

*IMPORTANT: If you have any concerns about the integrity of this message please contact us on 01473 218 373 and quote the message ID: DME9874F.*

Thanks,

CountryHealth

Please click on the **LINK** in the message. You will then see a screen like this:

COUNTRY HEALTH

You have been sent a secure message (DME9874F) by Dr Oliver Frey. To view the message enter the access code (that you have been sent via SMS) below:

Access Code

Unlock

If you're having problems viewing this message please contact us at 01473 218 373 quoting DME9874F.

Shortly afterwards you will **receive an SMS:**

Your access code for message DMExxxx is **XXXXXX**. CountryHealth

Please **enter the access code in above box.**

Now you will be in the practice software portal and see the following message:

**Message (DME9874F) from Dr Oliver Frey**

Sent at 31/01/2019 19:46



Ipswich, 31/01/2019

Dear Mickey Mouse ,

Thank you for ordering our Thyroid Report.

We are sending this form to you as **Direct Message**. A Direct Message (DM) uses an email containing a link to the assessment form and an SMS containing an access code to 'unlock' that form.

There is **NO NEED to print** this form and send it back to us. Simply complete it online and save it when you have finished. **Only complete the fields that are relevant to you.**

To help us giving you the best possible service and advice, could you please complete the attached form.

Many thanks and Healthy regards,

**Dr Oliver Frey**

CountryHealth

Under the message you see a form. It has several parts.

Please fill in all the information available / relevant to you. If you don't know the answer, either leave the field blank or make a little "-" in it.

Please complete the relevant fields, then press SAVE. No need to print and email!

## Thyroid Blood Tests

Date

Laboratory

When did you take your last tablet

- More than 12 hours before the blood test
  More than 6 hours before the blood test
  Less than 6 hours before the blood test

Note

TSH [mIU/L]

Free T4 [pmol/L]

Free T3 [pmol/L]

reverse T3

units

TG Antibodies

TPO Antibodies

If you have received the blood results directly, please complete the above part of the form. If the results came directly to us, just fill when you took your last medication.

The next part of the form checks your current thyroid medication. Please choose which tablets you take [if at all]. [No need to calculate the amounts of FT4 and FT3 if you take NDT!]

## Current Thyroid Medication

NDT medication

- Nature Throid
  Armour
  Erfa
  WP
  None

Morning dose NDT

Afternoon dose NDT

Levothyroxine [T4]

Liotionine [T3]

How do you feel?

Better than at my last test       About the same       Worse than at my last test

Current weight

units

We would like to know whether the treatment is working. Please tick the relevant boxes in the above part of the form and enter your current weight.

**Additional blood test results**  
for extended thyroid report

Vitamin D [nmol/L]

B12-Active [pmol/L]

Ferritin [ug/L]

Serum Folate [ug/L]

hs-CRP

If you want to have an Extended Thyroid report and have received results for the above tests, please enter them here. Otherwise, just leave the fields blank.

An underactive thyroid can present with many symptoms. Please fill in the following parts of the form [simply tick the relevant boxes] to tell us how things are at the moment.

## Physical Health

Please tick all that apply to you

### General Health

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Excessive tiredness                                  | <input type="checkbox"/> Weight gain                | <input type="checkbox"/> Cold extremities | <input type="checkbox"/> Slow movements                    |
| <input type="checkbox"/> Slow speech  | <input type="checkbox"/> Pins & needles             | <input type="checkbox"/> Breathlessness   | <input type="checkbox"/> Palpitations                      |
| <input type="checkbox"/> Lack of co-ordination - especially of hands and feet | <input type="checkbox"/> Insomnia                   | <input type="checkbox"/> Loss of libido   | <input type="checkbox"/> Repeated urinary tract infections |
| <input type="checkbox"/> Upper respiratory tract infections                   | <input type="checkbox"/> Candida                    | <input type="checkbox"/> Heavy eyelids    | <input type="checkbox"/> Hoarse voice                      |
| <input type="checkbox"/> Goitre (enlargement of the thyroid gland)            | <input type="checkbox"/> Muscle cramps and weakness | <input type="checkbox"/> Joint stiffness  | <input type="checkbox"/> Heat/Cold intolerance             |
| <input type="checkbox"/> Diminished sweating                                  | <input type="checkbox"/> Vertigo                    | <input type="checkbox"/> Balance problems | <input type="checkbox"/> Dizziness                         |

### Puffiness of:

- |                                 |                               |                                |                               |
|---------------------------------|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Eyes   | <input type="checkbox"/> Face | <input type="checkbox"/> Hands | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Ankles |                               |                                |                               |

### Nose, Mouth & Throat

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Sore throats | <input type="checkbox"/> Swollen tongue              | <input type="checkbox"/> Scalloped tongue      |
| <input type="checkbox"/> Choking fits          | <input type="checkbox"/> Dry mouth    | <input type="checkbox"/> Sensation of lump in throat | <input type="checkbox"/> Post-nasal drip (PND) |

### Numbness in:

- |                               |                               |                               |                                  |
|-------------------------------|-------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Legs | <input type="checkbox"/> Toes | <input type="checkbox"/> Arms | <input type="checkbox"/> Fingers |
|-------------------------------|-------------------------------|-------------------------------|----------------------------------|

### Hair

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Body hair loss | <input type="checkbox"/> Head hair loss | <input type="checkbox"/> Brittle hair | <input type="checkbox"/> Eyebrow loss (outer third) |
| <input type="checkbox"/> Eyelash loss   |   |                                       |   |

### Nails

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Brittleness | <input type="checkbox"/> Flaking |
|--------------------------------------|----------------------------------|

### Skin

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Dry             | <input type="checkbox"/> Flaky                | <input type="checkbox"/> Coarse patches | <input type="checkbox"/> Pallor (yellow tinge to skin) |
| <input type="checkbox"/> Boils and spots | <input type="checkbox"/> Eczema and psoriasis | <input type="checkbox"/> Bruising       |  |

### Pain

- |   |   |  |                                     |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Migraines              | <input type="checkbox"/> Pressure headaches | <input type="checkbox"/> Back and loin pain    | <input type="checkbox"/> Wrist pain |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Foot Pain          | <input type="checkbox"/> Burning Feet Syndrome |                                     |

### Digestive Problems

- |  |                                       |                                       |   |
|--|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Alcohol intolerance             | <input type="checkbox"/> Constipation | <input type="checkbox"/> Haemorrhoids | <input type="checkbox"/> Irritable Bowel Syndrome (IBS) |
| <input type="checkbox"/> Abdominal distension/flatulence |                                       |                                       |   |

### Blood Pressure & Pulse

- |   |  |
|---|--|
| <input type="checkbox"/> low blood pressure | <input type="checkbox"/> Slow / weak pulse |
|---|--|

### Menstrual Disorders

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Cessation of periods (amenorrhoea) | <input type="checkbox"/> Scanty periods (oligomenorrhoea) | <input type="checkbox"/> Heavy periods (menorrhagia) | <input type="checkbox"/> Low fertility |
| <input type="checkbox"/> PMT (premenstrual tension)         |   |  |  |

**Visual Disturbances**

Poor focusing       Double vision       Dry eyes       Gritty eyes  
 Blurred vision

**Hearing Problems**

Noises in ears (hissing)       Deafness       Tinnitus

## Mental and Emotional Health

**Mental and Emotional Health**

Panic attacks       Memory loss & confusion

**Comments**

Finally, we would like to check whether you take any supplements and how your diet looks like.

## Supplements

I take the following supplements

Lamberts Vitamin C Time Release, 500mg       Lamberts Multi-Guard ADR       Lamberts Pure OracOmega       Wobenzym  
 Saccharomyces Boulardii       Vitamins D3 and K2       Iron Citrate       Methyl B Complex

I take other supplements

**Diet**

I follow the Paleo diet       I follow the ImuPro diet       I eliminate Gluten       I eliminate Dairy

**Comments**

[Save](#)

When you finished, simply click on the blue **SAVE** button. This will file the form directly into your patients records.



If all went well, you will see the following screen message



Many thanks for your help!

***CountryHealth***

## How did we do?

We always strive to provide you with the best service possible and would appreciate your opinion on our service. It will only take a few seconds. Please click [HERE](#) to take our short survey.

We would also appreciate if you could give us a [testimonial](#) on our website and a 5\* review on [Google](#).

## Let's stay in touch

- Please **join our [#thyroidpreneurs facebook group](#)** to keep you updated with thyroid health news
- Please **sign up for our [Thyroid Health News](#)** for important reminders
- Join CountryHealth on [Facebook](#)
- Join us on [Twitter](#)

## Support our Charity

We are collecting money for our chosen charity **East Anglian Air Ambulance**. Since their launch in 2000 they have attended over 20,000 lifesaving missions, touching the lives of many thousands of people. Help us to help them saving more lives and click [HERE](#).

## Join our Thyroid Club and save £££

If you want to save some money, our Thyroid Club is just right for you. For a small monthly payment you are entitled to the following benefits:

- Save an extra 5% on your Lamberts Healthcare Vitamin orders
- Save the booking fees when you order tests or services over the phone rather than online.
- Only £ 9.97 per month, via secure Direct Debit, no ties attached.

[\*\*JOIN HERE\*\*](#)

# About CountryHealth



Private GP Practice with Focus on Functional Medicine

Our patients usually get in touch when they need help that the NHS cannot provide. We can advise you on symptoms, organise specialist tests that are often not available on the NHS and can also refer you privately to specialists. We want to find the root cause of your problems, not just cover the symptoms with medication.

As a private medical patient, you can expect more personal, friendly consultations and appointments at times that suit YOU.

To fully explore your concerns, we don't limit you to "one problem per 10 minute appointment". Instead our appointments take typically 30-60 minutes. Unfortunately, we cannot offer A&E services.

Our approach is different. We want to find the root cause of your problems, not just cover the symptoms with medication.

We offer a range of services to our clients to help them to Get Well and Stay Well.

- Health Screenings
- Genetic Testing
- Nutritional / Functional Therapy
- Food Intolerance Testing

To find out more, please visit our website: [www.CountryHealth.co.uk](http://www.CountryHealth.co.uk)

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