

I have Grave's disease.

My name is. _____

I have been treated with THIAMAZOLE since ____ / ____ , ____ .
(nonproprietary name) (Day / Month, Year)

INFORMATION FROM MY PHYSICIAN

Recent data ____ / ____ , ____ .
(Day / Month, Year)

Medication status

Morning: _____ mg

Noon: _____ mg

Evening: _____ mg

●Other medications:

●Weight (kg): _____ Temperature: _____ °C

●Blood pressure (mmHg):

●ECG: normal/abnormal

●Subjective symptoms:

●Clinical laboratory test results:

TSH (uIU/mL):

FT3 (pg/ mL):

FT4 (ng/ mL):

TRAb (IU/L,%):

WBC (/mm³):

NEUTROPHIL (%):

AST (IU/L):

ALT (IU/L):

γ-GTP (IU/L):

T-Bil (mg/dL):

IF I AM BEHAVING ABNORMALLY

- Pyrexia (>38°C)/Tachycardia (≥140/min)/Excessive perspiration/ Diarrhea, Vomiting, or Stomachache/Dysphoria or Coma

I may be having a THYROID CRISIS.

If thyroid crisis is suspected, even in the absence of the symptoms above, medical treatment should be started immediately (antithyroid drug, β-blocker, inorganic iodine, and hydrocortisone are recommended).

- If cold symptoms such as fever and pharyngeal pain develop, blood tests (WBC and NEU) should be performed immediately.

It might be AGRANULOCYTOSIS, a side effect of my medication.

If my neutrophil count is below 500/mm³, please consider treatment for agranulocytosis (G-CSF is recommended).

MY PHYSICIAN'S INFORMATION:

Signature: _____ M. D.

Clinic or Hospital:

Phone Number for Emergency:

+81(Japan) _____