

CUSHING SYNDROME



CLIENT NAME: _____
Submit the Client Information Questionnaire with this form

1. Please list the date of diagnosis: _____

2. What evaluation was done? Please give date and results.

___ MRI, CT _____

___ Urine Test _____

___ Blood Test _____

3. Is client on any medications? (accurate name, dosage, and reason)

4. Has your client ever been hospitalized for Cushing syndrome?

___ Yes; please give details _____

___ No

5. Has your client been prescribed steroids for any other illness?

___ Yes; please give details _____

___ No

6. Does your client have any other health problems? (additional questionnaires may be required)