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Cushing's Syndrome Examination
Comprehensive Worksheet

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

Comment on:

1. Date diagnosis established.
2. Current symptoms: bone or muscle weakness, generalized weakness, fatigue, weight gain, acne, mental changes, vision problems, increased thirst, increased urination, headache, poor wound healing, erectile dysfunction, irregular menstrual periods, fragile skin, acne, mental changes, etc.
3. History of glucose intolerance?
4. Course of condition since onset.
5. Treatments (surgery, medication (including cortisol-inhibiting drugs and replacement of hormones post-surgery), etc.), dose, frequency, response, side effects.
6. History of related hospitalizations or surgery, dates and location, if known, reason or type of surgery.
7. History of neoplasm:
 - a. Date of diagnosis, exact diagnosis, location.
 - b. Benign or malignant.
 - c. Types of treatment and dates.
 - d. Last date of treatment.
 - e. State whether treatment has been completed.

C. Physical Examination (Objective Findings):

Address each of the following and fully describe current findings:

1. Muscle strength examination.
2. Vascular fragility.
3. Blood Pressure X 3.
4. Skin abnormalities (striae, acne, abnormal thinning, plethora, etc.).
5. Percent weight gain or loss compared to baseline (average weight in 2 years preceding onset of disease), presence of obesity.
6. Moonface, buffalo hump, hirsutism (applies to women).

7. Vision abnormalities (signs or symptoms of a vision abnormality) require an examination by an eye specialist.
8. Gastrointestinal abnormalities.
9. Report evidence of any of the following complications: diabetes mellitus, osteoporosis, kidney stones. Follow appropriate examination worksheets.
10. If Cushing's syndrome has been controlled, describe adrenal insufficiency, cardiovascular, psychiatric, skin, or skeletal complications or residuals. Follow appropriate examination worksheets.
11. If there is or was a related neoplasm, report residuals of the neoplasm and its treatment.

D. Diagnostic and Clinical Tests:

Provide as indicated:

1. CT of brain or X-ray of sella turcica, unless of record.
2. Serum and urine cortisol levels, unless of record.
3. High and low dose dexamethasone suppression test, unless of record.
4. Imaging studies for size of adrenals, unless of record.
5. Glucose tolerance test, if needed, to confirm glucose intolerance.
6. Imaging study, if osteoporosis is suspected.
7. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

Comment on:

1. Is the disease active or in remission? Is it progressive?
2. What is the etiology? Is it iatrogenic?
3. Report enlargement of pituitary or adrenal gland, glucose intolerance.
4. List complications of Cushing's syndrome and follow appropriate examination worksheets.
5. Effects of the condition on occupational functioning and daily activities.

Signature:

Date: