Endocrinology TeleECHO Clinic
Case Presentation Form

Complete ALL ITEMS on this form and fax to 505-272-6906.

***Required items in order to de-identify your case.**

1. Patient First Name*:	
2. Patient Last Name*:	
3. Patient Birthday*: (month/day/year)	
4. Patient Gender*:	
5. Clinic/Facility Name and City*:	
When do you want to present your case? Date and approximate time?	

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO® setting.

When we receive your case, we will email you with a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.

UNM HEALTH SCIENCES CENTER

Project ECHO

Vitals:

Date: _____ Systolic BP: _____ Diastolic BP: _____ Pulse: _____

Height: _____ Weight: _____ ☐lbs. ☐ kgs. BMI: _____

Physical Exam:

☐ Abnormal Thyroid ☐ Acanthosis ☐ Acne ☐ Cervicodorsal Hump

☐ Coarse Facial Features ☐ Facial Plethora ☐ Hirsutism ☐ Male Pattern Baldness

☐ Moon Facies ☐ Proximal Muscle Weakness ☐ Teeth Gapping ☐ Violaceous Striae

☐ Visual Field Deficit ☐ Other: _____

Current Labs:

TSH: _____ uIU/mL

FT4: _____ ng/L

Prolactin: _____ ng/mL

HgA1c: _____ %

LH: _____ IU/L

FSH: _____ IU/L

Total Testosterone: _____ ng/dL

Free Testosterone: _____ ng/dL

Estradiol: _____ pg/mL

17 Hydroxyprogesterone: _____ ng/dL

DHEA-Sulfate: _____ mcg/dL

24 hr. Urine-free Cortisol: _____ mcg/24 hrs

Low Dose Dexamethasone Suppression Test, Cortisol: _____ mdg/dL

High Dose Dexamethasone Suppression Test, Cortisol: _____ mdg/dL

GH: _____ ng/mL

IGF-1: _____ng/dL

Cortisol: _____ mcg/dL

ACTH: _____ pg/mL

Alpha Subunit: _____ ng/mL

Pertinent Imaging Studies:

☐ Head MRI or CT: Date: _____ ☐ Normal ☐ Abnormal: _____

Other Comments: