

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.

The information in this FAX message is privileged and confidential. It is intended only for the use of the recipient at the location above. If you have received this in error, any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this message in error, please notify UNM Project ECHO at 505-925-2405 immediately.

Family History:

Coronary Artery Disease Depression Osteoporosis Pituitary Abnormality
Venous Thromboembolic Event

Smoking History: Does patient currently smoke? No Yes Number of cigarettes per day (1 pack = 20): _____

Alcohol Consumption: Does patient currently drink? No Yes Number of drinks per week: _____

Social Situation:

Sexual Relationships: Men Women Both None

Support System: Friends Family Community Faith Other: _____

Vitals:

Date: _____ Systolic BP: _____ Diastolic BP: _____ Pulse: _____
Height: _____ Weight: _____ lbs. kgs. BMI: _____

Physical Exam:

Acne Atrophic Testes Breast Development Body Hair
Clitoral Enlargement Facial Hair Prostate Exam: _____
Other: _____

Current Labs

White Blood Cell Count: _____³ x10 Hemoglobin: _____ g/dL
Hematocrit: _____ % Platelet Count: _____ 1000/ μ L
BUN: _____ mg/dL Creatinine: _____ mg/dL
Serum Sodium: _____ mmol/L Serum Potassium: _____ mmol/L
Serum Chloride: _____ mmol/L Serum Bicarbonate: _____ mmol/L
Serum Glucose: _____ mg/dL Serum Albumin: _____ gm/dL
Total Protein: _____ g/dL ALT: _____ U/L
AST: _____ U/L Alkaline Phosphate: _____ U/L
Total Bilirubin: _____ mg/dL Direct Bilirubin: _____ mg/dL
Hemoglobin A1c: _____ % TSH: _____ uIU/mL
Cholesterol: _____ mg/dL Triglycerides: _____ mg/dL
HDL: _____ mg/dL LDL: _____ mg/dL
Estradiol: _____ pg/mL Total Testosterone: _____ ng/dL
Free Testosterone: _____ ng/dL Prolactin: _____ ng/mL
PSA: _____ ng/mL HIV RNA: _____ copies/mL
HCV RNA: Positive Negative Date: _____

Pertinent Imaging Studies:

DXA Scan Date: _____ Normal Osteopenia Osteoporosis
MRI Date: _____ Normal Abnormal

Other Comments: