

Extension for Community Healthcare Outcomes

**Bone Health TeleECHO™ Clinic - ECHO ID Request Form**

Complete ALL ITEMS on this form and fax to 505-272-6906 – Attn: Bone Health

**\*Required items in order to DE-identify your case.**

<b>1. Patient First Name*:</b>	
<b>2. Patient Last Name*:</b>	
<b>3. Patient Date of Birth*: (month/day/year)</b>	
<b>4. Patient Gender*:</b>	
<b>5. Patient Home Zip Code:</b>	
<b>6. Provider Phone Number:</b>	
<b>7. Provider Fax Number:</b>	
<b>8. Provider Email:</b>	
<b>9. Clinic/Facility Name and City*:</b>	
<b>When do you want to present your case? Date and approximate time? (clinics are Tuesdays from 12:00 Noon to 1:00 PM Mountain Time)</b>	

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.

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## Case Presentation Template

**Date:** \_\_\_\_\_ **Presenter Name:** \_\_\_\_\_ **Clinic Site:** \_\_\_\_\_  
**ECHO ID:** \_\_\_\_\_  **New**  **Follow Up** **Patient Age:** \_\_\_\_\_ **Biologic Gender:**  Male  Female  
**If female, menopausal status:**  Premenopausal  Perimenopausal  Postmenopausal; **Age at Menopause** \_\_\_\_\_  
**Ethnicity:**  Hispanic/Latino;  Not Hispanic/Latino  Prefer not to say **Race:**  American Indian/Alaskan Native;  Asian;  
 Black/African American;  Native Hawaiian/Pacific Islander;  White;  Multi-racial;  Other \_\_\_\_\_

### WHAT IS YOUR MAIN QUESTION ABOUT THIS CASE?

### HISTORY

**General Health Status:**  Poor  Good  Excellent **Physical Activity Level:** Non-weight bearing  Sedentary  Active

**Nutrition, Food Intolerances:** \_\_\_\_\_

**Falls** (How many times past year?): \_\_\_\_\_

### Fractures

Age	Type	Circumstances

### Family History

Celiac Disease  
 Hyperparathyroidism  
 Osteoporosis  
 Fractures  
 Other Bone Disease: \_\_\_\_\_  
 \_\_\_\_\_

### Medical History

GERD  Difficulty Swallowing  Diarrhea  Malabsorption  Celiac Disease  
 Endocrine Hyperthyroidism  Hyperparathyroidism  Diabetes  Rheumatoid Arthritis  Autoimmune Disease  
 Malignancy; Type \_\_\_\_\_  Radiation Therapy  Poor Oral Hygiene  
 Previous Surgery; Type and Year \_\_\_\_\_

### Current Medications/Vitamins/Herbs/Supplements *(Please feel free to attach your patient medication list)*

Medication	Start Date	Dosage	Frequency	Medication	Dosage	Start Date	Frequency

### Previous Osteoporosis Medications

Medication	Start Date	End Date	Reason Stopped	Medication	Start Date	End Date	Reason Stopped

### Previous Bone-Toxic Medications

Medication	Start Date	End Date	Indication	Medication	Start Date	End Date	Indication
Prednisone							
Aromatase Inhibitors							
Androgen Deprivation Rx							
Anticonvulsant							

**Smoking History:** Does patient currently smoke?  No  Yes

**Alcohol Consumption:** Average more than 2 drinks per day?  No  Yes

### PHYSICAL EXAM

Date: \_\_\_\_\_ Height: \_\_\_\_\_ Historical Maximum Height: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs.  kgs. BMI: \_\_\_\_\_

### Focused Bone Related Findings

Blue Sclera  Rash  Thyromegaly  Kyphosis  Spine Tenderness

Dental Status \_\_\_\_\_  Rib Pelvis Space \_\_\_\_\_  Balance \_\_\_\_\_

Muscle Strength \_\_\_\_\_  Mobility \_\_\_\_\_  Assistive Devices \_\_\_\_\_

**DXA** (report T-score or Z-score, as appropriate; scan images if possible)

Date	L1L4	Total Hip	Femoral Neck	33% Radius

**Vertebral Imaging**  Yes  No

Results:

**FRAX** (if appropriate, use tool here <http://www.shef.ac.uk/FRAX/tool.jsp>) Major Osteoporotic Fracture \_\_\_\_\_ Hip Fracture \_\_\_\_\_

FRAX clinical risk factors: \_\_\_\_\_

FRAX ethnicity:  Caucasian  Hispanic  Asian  Black

### Current Labs

	Date	Result		Date	Result
CBC			PTH		
Creatinine			TSH		
eGFR			25-OH-D		
Alk Phos			Serum Protein Electrophoresis		
Calcium			K/L Light Chain Ratio		
Phosphorus			24-hour Urinary Calcium		
Albumin			Celiac Antibodies		
Bone Turnover Marker (NTX, CTX)			Tryptase		
Other _____			Other _____		

### Additional Comments