

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:

Hypogonadism Pituitary Disease

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: _____

Amount of Exercise: None Less than 30 minutes/day 5 days/week More than 30 minutes/day 5 days/week

Vitals:

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

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

Physical Exam:

Eunuchoid Proportions Gynecomastia Absence of Secondary Sex Characteristics Prostate Enlargement

Prostate Nodules Stigmata of Liver Disease: Test. Vol. <5ml 11-15ml 16-20 ml >25ml

Abnormal Visual Fields Other: _____

Current Labs

Hemoglobin: _____ g/dL	Hematocrit: _____ %
Total Bilirubin: _____ mg/dL	ALT SGOT: _____ U/L
AST SGPT: _____ U/L	ALP: _____ U/L
Albumin: _____ gm/dL	Total Protein: _____ g/dL
Ferritin: _____ ng/mL	Hemoglobin A1c: _____ %
PSA: _____ ng/mL	ACTH: _____ pg/mL
Cortisol: _____ mcg/dL	TSH: _____ uIU/mL
Free T4: _____ ng/L	Total Testosterone: _____ ng/c
Free Testosterone: _____ ng/d	LH: _____ IU/L
FSH: _____ IU/L	DHEA Sulfate: _____ mcg/dL
Prolactin: _____ ng/mL	IGF-1: _____ ng/mL
Estradiol: _____ pg/mL	HCG: _____ IU/L
Other: _____	

Pertinent Imaging:

CT/MRI (Pituitary) Date: _____ Normal Abnormal _____

Other Comments: