

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.

Vitals:

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

Physical Exam:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Abnormal Thyroid | <input type="checkbox"/> Acanthosis | <input type="checkbox"/> Acne | <input type="checkbox"/> Cervicodorsal Hump |
| <input type="checkbox"/> Coarse Facial Features | <input type="checkbox"/> Facial Plethora | <input type="checkbox"/> Hirsutism | <input type="checkbox"/> Male Pattern Baldness |
| <input type="checkbox"/> Moon Facies | <input type="checkbox"/> Proximal Muscle Weakness | <input type="checkbox"/> Teeth Gapping | <input type="checkbox"/> Violaceous Striae |
| <input type="checkbox"/> Visual Field Deficit | <input type="checkbox"/> 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: