

## 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.**

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

*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: \_\_\_\_\_<sup>3</sup> x10    Hemoglobin: \_\_\_\_\_ g/dL  
Hematocrit: \_\_\_\_\_ %    Platelet Count: \_\_\_\_\_ 1000/ $\mu$ 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: