

**Project ECHO<sup>®</sup> Extension for Community Healthcare Outcomes  
Cardiology TeleECHO Clinic  
Clinic Case Presentation Form**

Complete ALL ITEMS on this form and fax to 505-272-6906.

<b>1. Patient First Name*:</b>	
<b>2. Patient Last Name*:</b>	
<b>3. Patient Birthday*: (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?</b>	

**PLEASE NOTE** that Project ECHO<sup>®</sup> 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<sup>®</sup> setting.

**\*Required items.**

**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 505-750-3246 immediately.*

## Cardiology Case Presentation Form

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**Date:** \_\_\_\_\_ **Presenter:** \_\_\_\_\_ **ECHO ID:** \_\_\_\_\_

**New**     **F/U**

**MAIN QUESTION:**

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**HISTORY of PRESENT ILLNESS:** (Palliative, Provocative, Quality, Radiation, Severity, and Timing)

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**PAST MEDICAL HISTORY:**

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**PREVIOUS CARDIAC AND OTHER RELEVANT STUDIES:**

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**MEDICATIONS:**

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**VITAL SIGNS AND FOCUSED EXAM:**

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**ECG:**

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**LABS: (Lipids, LFTs, BMP, CHEM 10, CBC- all are not necessary)**

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