UNM HEALTH SCIENCES CENTER

Project ECHO®

Extension for Community Healthcare Outcomes

Nurse Practitioner/Certified Nurse Midwife Primary Care TeleECHO™ Clinic Case Presentation Form

Complete ALL ITEMS on this form and fax to **505-272-6906, Attn: Nurse Practitioner/Certified Nurse Midwife Primary Care TeleECHO Clinic**

1. Patient First Name:	
2. Patient Last Name:	
3. Patient Birthday: (month/day/year)	
4. Patient Home Zip Code:	
5. Presenter Phone Number:	
6. Presenter Fax Number:	
7. Presenter Email:	
8. Clinic/Facility Name and City:	
9. 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, an email will be sent 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 Project ECHO at 505-750-3246 immediately.

Copyright Project ECHO® 2016

Nurse Practitioner/Certified Nurse Midwife Primary Care TeleECHO Clinic

— PATIENT CASE PRESENTATION —

Molina Patient? Yes ☐ **No** ☐ **New Case** ☐ **Follow Up** ☐

Presenter ___________________________ **Clinical Site** ____

ECHO ID # ____________________ **Age** _____ **Gender:** M ☐ F ☐ **BMI** ______

Ethnicity: ☐ Hispanic/Latino; ☐ Not Hispanic/Latino **Race:** ☐ American Indian/Alaskan Native; ☐ Asian; ☐ Black/African American; ☐ Native Hawaiian/Pacific Islander; ☐ White; ☐ Multi-racial; ☐ Other________________

What is your main question about this patient?

____

____

Current Medications/Vitamins/Herbs/Supplements (List below or attach patient medication list)

Medication	Start Date	Dosage	Frequency	Medication	Start Date	Dosage	Frequency

Presenting Symptoms

1. ____ 2. ____

3. ____ 4. ____

5. ____ 6. ____

Vital Signs

Blood Pressure. _________ Heart Rate ______ SpO2 ______ Respiratory Rate ______ Temperature ______

Pain Scale Rating (1 to 10)

____

Physical Findings

1. ____ 2. ____

3. ____ 4. ____

5. ____ 6. ____

UNM HEALTH SCIENCES CENTER

Project ECHO®

Current Labs (List below with date or attach labs)

	Date	Result		Date	Result
HbA1C (current)			**HbA1C (previous)**		
Total Cholesterol			**Glucose**		
Triglycerides			**GFR**		
HDL			**TSH**		
LDL			**Potassium**		
ALT			**Proteinuria** (☐ Dipstick/ ☐ Lab)		
AST			**Other**		
BUN			**Radiology**		
Creatinine					

Use the box below to document additional data or abonormal lab values not indicated above.

Copyright Project ECHO® 2016