

Bone Health TeleECHO™ Clinic

Case Presentation Template

Please fax to: 505-272-6906 Attn: Bone Health or email to BoneHealthEcho@salud.unm.edu

Date: _____ Presenter Name: _____ Clinic Site: _____
 ECHO ID: _____ New Follow Up Patient Age: _____ Sex: Male Female
 If female, menopausal status: Premenopausal Perimenopausal Postmenopausal; Age at Menopause _____

WHAT IS YOUR MAIN QUESTION ABOUT THIS CASE?

HISTORY

General Health Status Poor Good Excellent Physical Activity Level: Non-weight bearing Sedentary Active

Nutrition, Food Intolerances: _____

Falls (How many times past year?): _____

Fractures (list newest first)

| Age | Type | Circumstances |
|-----|------|---------------|
| | | |
| | | |
| | | |

Family History

Celiac Disease
 Hyperparathyroidism
 Osteoporosis
 Fractures
 Other Bone Disease: _____

Medical History

Bariatric Surgery Difficulty Swallowing Diarrhea Malabsorption Celiac Disease Hyperparathyroidism Diabetes
 Rheumatoid Arthritis Autoimmune Disease Malignancy; Type _____ Radiation Therapy
 Poor Oral Hygiene Previous Bone Surgery; Type and Year _____

Current Medications/Vitamins/Herbs/Supplements (Please feel free to attach your patient medication list)

| Medication | Start Date | Dosage | Frequency | Medication | Dosage | Start Date | Frequency |
|------------|------------|--------|-----------|------------|--------|------------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Previous Osteoporosis Medications

| Medication | Start Date | End Date | Reason Stopped | Medication | Start Date | End Date | Reason Stopped |
|------------|------------|----------|----------------|------------|------------|----------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



Bone Health TeleECHO™ Clinic



Case Presentation Template

Previous Bone-Toxic Medications

| Medication | Start Date | End Date | Indication | Medication | Start Date | End Date | Indication |
|-------------------------|------------|----------|------------|------------|------------|----------|------------|
| Prednisone | | | | | | | |
| Aromatase Inhibitors | | | | | | | |
| Androgen Deprivation Rx | | | | | | | |
| Anticonvulsant | | | | | | | |

Smoking History: Does patient currently smoke? No Yes

Alcohol Consumption: Average more than 2 drinks per day? No Yes

PHYSICAL EXAM

Date: _____ Height: _____ Historical Maximum Height: _____ Weight: _____ lbs. kgs. BMI: _____

Focused Bone Related Findings

- Blue Sclera Rash Thyromegaly Kyphosis Spine Tenderness
- Dental Status _____ Rib Pelvis Space _____ Balance _____
- Muscle Strength _____ Mobility _____ Assistive Devices _____

DXA

T-Scores Z-Scores

Vertebral Imaging Yes No

| Date | Lumber Spine | Total Hip | Femoral Neck | 33% Radius |
|------|--------------|-----------|--------------|------------|
| | | | | |
| | | | | |
| | | | | |

Results:

FRAX

Major Osteoporotic Fracture _____ Hip Fracture _____

FRAX ethnicity: Caucasian Hispanic Asian Black

Current Labs

| | Date | Result | | Date | Result |
|-------------|------|--------|-------------------------------|------|--------|
| CBC | | | PTH | | |
| Creatinine | | | TSH | | |
| eGFR | | | 25-OH-D | | |
| Alk Phos | | | Serum Protein Electrophoresis | | |
| Calcium | | | K/L Light Chain Ratio | | |
| Phosphorus | | | 24-hour Urinary Calcium | | |
| Albumin | | | Celiac Antibodies | | |
| NTX | | | Tryptase | | |
| CTX | | | P1NP | | |
| Other _____ | | | Other _____ | | |

Additional Comments