

CASE PRESENTATION TEMPLATE
Diabetes/General Endocrinology Clinic



Date: _____ Your Name: _____ Your Location: _____

Patient Name: _____ Check One: New Patient Follow-up

Age: _____ Ethnicity: _____ Occupation: _____ Educational Level: _____

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?

Gender: Female Male DM: Type I Type II If female, history of: Gestational Diabetes PCOS

Diabetes Complications: _____

Current Smoker: Yes No Amount: _____ Height: _____ Weight: _____ BMI: _____

Alcohol Use: Yes No Amount: _____ Waist Circumference: _____ BP: _____

Family History of DM? Yes No Family History of CVD? Yes No History of Comorbid Depression? Yes No

Medications

Diabetes	Cholesterol	Blood Pressure	Mental Health and/or Pain

Fasting Glucose: _____ Chol: _____ LDL: _____ HDL: _____ Triglycerides: _____ TSH: _____

Creatinine: _____ HbA1C: _____ Urine/Micro Alb: _____ ALT: _____ eGFR: _____

Prevention of diabetes complications:

Last foot exam: _____ Last dental Exam: _____ Last eye exam: _____ Last diabetes education: _____

Insurance Information:

Medicare Medicaid Commercial Self-pay Other: _____

PRINT AND FAX COMPLETED FORM TO (775) 327-5112

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