

CASE PRESENTATION TEMPLATE
General Endocrinology



Date: _____ Your Name: _____ Your Location: _____

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

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

Gender: Female Male

Height: _____ Weight: _____ BMI: _____ BP: _____

Insurance Information:

Medicare Medicaid Commercial None Other, incl. Veteran: _____

What is your main question about this patient?

Please provide a brief history, including medications:

What are the pertinent physical findings?

Pertinent lab results if available:

Pertinent imaging report — please send report if possible:

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

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