CASE PRESENTATION TEMPLATE

Diabetes/General Endocrinology Clinic

University of Nevada, Reno School of Medicine
PROJECTECHO
CONNECTING NEVADA'S COMMUNITIES TO SPECIALTY CARE

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

Contact Person: Chris Marchand, Program Coordinator, (775) 682-8476 or cmarchand@med.unr.edu
Project ECHO Main Office: (775) 682-7740 | http://med.unr.edu/echo