

CASE PRESENTATION TEMPLATE  
Pediatric Endocrinology



Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Your Location: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Check One:  New Patient  Follow-up

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Occupation: \_\_\_\_\_ Educational Level: \_\_\_\_\_

Gender:  Female  Male  Other/Transgender

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? **Please attach Growth Chart with this form.**

Pertinent lab results if available:

Pertinent imaging report — please send report if possible:

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