

CASE PRESENTATION TEMPLATE  
Diabetes ECHO



ECHO ID (to be assigned by NPAIHB staff): \_\_\_\_\_

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

Yr of Diabetes Diagnosis: \_\_\_\_\_  New Patient  Follow-up Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Educational Level: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Living Situation: \_\_\_\_\_

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: \_\_\_\_\_ Weight Last Yr: \_\_\_\_\_

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

Currently seeing behavior health for depression or other mental health disorders? Yes No

Medication Name	Dosage	Frequency

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Medication Name	Dosage	Frequency

Physical Activity Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Daily Food Logs Completed: Yes No Any noted concerns? \_\_\_\_\_

Blood Sugar Monitoring at Home: Yes No Frequency: \_\_\_\_\_

Basic Labs	Date	Results
Fasting Glucose		
Cholesterol		
LDL		
HDL		
Triglycerides		
TSH		
Creatinine		
HbA1C		

Basic Labs	Date	Results
Urin/Micro Alb		
ALT		
eGFR		
Fe		
TIBC		
Ferritin		
HCV Ab		
HCV RNA		

Other Findings	Date	Results
Last Foot Exam		
Last Dental Exam		
Last Eye Exam		
Last Diabetes Ed		

Insurance:  Medicare  Medicaid  Commercial  Self-pay Other: \_\_\_\_\_

Other pertinent Information: (e.g. what are the patient's main goals, for managing/living with diabetes and in general, what are they most concerned about with diabetes, what is the hardest thing for the patient about diabetes, recent hospitalizations, etc.)

PLEASE NOTE: By submitting this form, you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between an ECHO clinician and any patient whose case is being presented in a teleECHO session. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.