UPSTATE MEDICAL UNIVERSITY

Endocrinology TeleECHO™ Clinic

— Hyperlipidemia Case Presentation Template —

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any SUNY Upstate clinician and any patient whose case is being presented in a Project ECHO® setting.

Date: _____ **Presenter Name:** _____ **Clinic Site:** _____

ECHO ID: _____ ☐ **New** ☐ **Follow Up** **Patient Age:** _____ **Biologic Gender:** ☐ Male or ☐ Female

Insurance: ☐ Medicaid ☐ Medicare, ☐ Private, ☐ None **Insurance Company:**_____

Race: ☐ American Indian/Alaskan Native, ☐ Asian, ☐ Black/African American, ☐ Native Hawaiian/Pacific Islander, ☐ White/Caucasian, ☐ Multi-racial, ☐ Other _____, ☐ Prefer not to say

Ethnicity: ☐ Hispanic/Latino, ☐ Not Hispanic/Latino, ☐ Prefer not to say

What is your main question about this patient? _____

Diagnosis (if known):_____ **Year of Diagnosis:** _____

Symptoms:

☐ Abdominal Pain	☐ Bloating	☐ Constipation	☐ Hot Flashes
☐ Muscle Pain/Weakness	☐ Rash	☐ Weight Change: _____ ☐lbs. ☐ kgs.	☐ Other: _____

Past Medical History:

☐ Hypertension	☐ Liver Disease	☐ Metabolic Syndrome	☐ Nephrotic Syndrome
☐ Obesity	☐ Pancreatitis	☐ Other: _____	

Psychiatric History

Depression: PHQ9: _____ Date:_____

Medication Allergies: _____

Current Medications/Vitamins/Herbs/Supplements: Please feel free to attach your patient medication list

Med Name	Dosage & Frequency	Med Name	Dosage & Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Medications for Hyperlipidemia:

Medication	*Date Discontinued*	*Reason for Discontinuation*
_____	_____	_____
_____	_____	_____

Please send to: Margaret Greenfield– Project Coordinator— greenfma@upstate.edu
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Project ECHO SUNY Upstate Medical University New York

Family History:

☐ Hyperlipidemia ☐ Diabetes ☐ Early Coronary Artery Disease

Smoking History: *Does patient currently smoke?* ☐ No ☐ Yes – Number of cigarettes per day (1 pack = 20): _____

Alcohol Consumption: *Does patient currently drink?* – ☐ No ☐ Yes – Number of drinks per week: _____

Amount of Exercise: ☐ None ☐ Less than 30 minutes/day 5 days/week ☐ More than 30 minutes/day 5 days/week

Counseling:

Has the patient had counseling in Smoking/Alcohol Use/Exercise/Nutrition? ☐ Yes ☐ No

Smoking: ☐ No ☐ Yes, ineffective ☐ Yes, effective Date: _____

Alcohol Use: ☐ No ☐ Yes, ineffective ☐ Yes, effective Date: _____

Exercise: ☐ No ☐ Yes, ineffective ☐ Yes, effective Date: _____

Nutrition: ☐ No ☐ Yes, ineffective ☐ Yes, effective Date: _____

Vitals:

Date: _____ Systolic BP: _____ Diastolic BP: _____ Pulse: _____

Height: _____ Weight: _____ ☐lbs. ☐ kgs. BMI: _____

Physical Exam:

☐ Pertinent Others: _____

Current Labs:

Pre-treatment Cholesterol: _____ mg/dL

Pre-treatment Triglycerides: _____ mg/dL

Pre-treatment HDL: _____ mg/dL

Pre-treatment LDL: _____ mg/dL

Cholesterol: _____ mg/dL

Triglycerides: _____ mg/dL

HDL: _____ mg/dL

LDL: _____ mg/dL

Albumin: _____ gm/dL

ALP: _____ U/L

ALT – SGOT: _____ IU/L

AST – SGOT: _____ U/L

BUN: _____ mg/dL

Creatinine: _____ mg/dL

Direct Bilirubin: _____ mg/dL

Glucose: _____ mg/dL

Hemoglobin A1c: _____ %

Total Protein: _____ g/dL

TSH: _____ uIU/ML

Free T4 _____mg/L

TPO Ab _____IU/mL

Other Comments:

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