

Endocrinology TeleECHO™ Clinic

— MALE HYPOGONADISM 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

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

Has patient had any children? No Yes – Children’s Ages: _____

Symptoms:

- Anosmia Depression Diminished Libido Erectile Dysfunction
- Fatigue Galactorrhea Gynecomastia Headaches
- Hot Flashes Infertility Muscle Weakness Visual Disturbances
- Other: _____

Past Medical History:

- Chemotherapy Childhood Behavioral Abnormalities Chronic Pain Developmental Disorder
- Eating Disorder Excessive EtoH use Head/Brain Tumor/Injury Hemochromatosis
- Liver Disease Mumps Orchitis History of Opioid Use Osteoporosis
- Pituitary Disorder Pituitary Irradiation Steroid use - Glucocorticoid Anabolic
- Type 1 Diabetes Type 2 Diabetes Weight Change: _____ Other: _____
- lbs. kgs. _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family History:

- Hypogonadism Pituitary 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

Vitals:

Date: _____ Systolic BP: _____ Diastolic BP: _____ Pulse: _____
Height: _____ Weight: _____ lbs. kgs. BMI: _____

Physical Exam:

- Eunuchoid Proportions Gynecomastia Absence of Secondary Sex Characteristics Prostate Enlargement
- Prostate Nodules Stigmata of Liver Disease Test. Vol. - <5ml 11-15ml 16-20 ml >25ml
- Abnormal Visual Fields Other: _____

Current Labs:

Hemoglobin: _____ g/dL Hematocrit: _____ %
Total Bilirubin: _____ mg/dL ALT – SGOT: _____ U/L
AST – SGPT: _____ U/L ALP: _____ U/L
Albumin: _____ gm/dL Total Protein: _____ g/dL
Ferritin: _____ ng/mL Hemoglobin A1c: _____ %
PSA: _____ ng/mL ACTH: _____ pg/mL
Cortisol: _____ mcg/dL TSH: _____ uIU/mL
Free T4: _____ ng/L Total Testosterone: _____ ng/dL
Free Testosterone: _____ ng/dL LH: _____ IU/L
FSH: _____ IU/L DHEA – Sulfate: _____ mcg/dL
Prolactin: _____ ng/mL IGF-1: _____ ng/mL
Estradiol: _____ pg/mL HCG: _____ IU/L
Other: _____

Pertinent Imaging:

CT/MRI (Pituitary) Date: _____ Normal Abnormal: _____

Other Comments: