UPSTATE MEDICAL UNIVERSITY

Endocrinology TeleECHO™ Clinic

— Metabolic Bone 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): _____ **Date of Diagnosis:** _____

Symptoms:

☐ Abdominal Pain	☐ Bone Pain	☐ Confusion	☐ Constipation
☐ Diarrhea	☐ Falls	☐ GI Reflux	☐ Hematuria
☐ Loss of Height	☐ Palpitations	☐ Postprandial Bloating	☐ Swallowing Difficulties
☐ Tremors	☐ Weight Change: _____ ☐lbs. ☐ kgs.	☐ Other: _____	

Past Medical History:

☐ Bilateral Oophorectomy	☐ Cancer: Type _____		☐ Celiac Disease
☐ Historical Maximum Height: _____ ☐ in ☐ cm		☐ Gestational Diabetes	☐ Hyperparathyroidism
☐ Fragility Fractures: _____		☐ GI Surgery: _____	
☐ Hyperthyroidism	☐ Kidney Stones	☐ Liver Disease	☐ Radiation Therapy
☐ Postmenopausal – Age at menopause: _____		☐ Seizure Disorder	☐ Severe Reflux Disease
☐ Type 1 Diabetes	☐ Type 2 Diabetes	☐ 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please send to: Margaret Greenfield – Project Coordinator— greenfma@upstate.edu
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Past Medication History:

☐ Anti-Seizure Medications ☐ Bisphosphonates ☐ Calcium ☐ Chronic Steroid Use
☐ Denosumab ☐ Hormone replacement therapy ☐ Selective Serotonin Reuptake Inhibitors ☐ Teriparatide
☐ Thiazolidinediones ☐ Proton Pump Inhibitors ☐ Vitamin D ☐ Other: _____

Family History:

☐ Celiac Disease ☐ Hyperparathyroidism ☐ Osteoporosis ☐ Other Bone Disease: _____

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

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: _____

Vitals:

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

Physical Exam:

☐ Abnormal Thyroid Exam: _____ ☐ Cushingoid Appearance ☐ Generalized Bone Tenderness
☐ Kyphosis ☐ Abnormal Dentition: _____ ☐ Blue Sclera
☐ Proximal Muscle Weakness ☐ Stigmata of Liver Disease ☐ Other: _____

Current Labs:

Hemoglobin: _____ g/dL
Platelet Count: _____ billion/L
Albumin: _____ gm/dL
Direct Bilirubin: _____ mg/dL
ALT – SGPT: _____ U/L
ALP: _____ U/L
UPEP: _____ mg/dL
Total IGA: _____ mg/dL
PTH – Intact: _____ pg/mL
Aldosterone: _____ ng/dL
Alpha 2 Globulin: _____ g/dL
Gama Globulin: _____ g/dL
Other: _____

Hematocrit: _____ %
Calcium: _____ mg/dL
Creatinine: _____ mg/dL
Total Bilirubin: _____ mg/dL
Phosphorus: _____ mg/dL
TSH: _____ uIU/mL
Kappa and Lambda Light Chains: _____mg/dL
Vit. D 25 OH: _____ ng/mL
Tissue Tranglutaminase Antibody (IGA or IgG): _____ U/mL
Alpha 1 Globulin: _____ g/dL
Beta Globulin: _____ g/dL
24 Hr. Urine Calcium: _____ mg/24hr

Pertinent Imaging Studies:

☐ DXA Scan Date: _____ ☐ Normal ☐ Osteopenia ☐ Osteoporosis
☐ Parathyroid Scan Date: _____ ☐ Normal ☐ Abnormal: _____
☐ Other: _____

Other Comments:

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