



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: _____ Biological 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: _____

Previous Treatments: _____

Symptoms:

- Abnormal Menses Acne Decreased Libido Easy Bruising
- Fatigue Galactorrhea Hair Loss Headaches
- Hirsutism Increasing Hat Size Increasing Ring Size Increasing Shoe Size
- Infertility Mood Changes Muscle Weakness Visual Disturbances
- Weight Change: _____ lbs. kgs. Erectile Dysfunction Other: _____

Past Medical History:

- Dyslipidemia Gestational Diabetes Hypertension Osteoarthritis
- 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family History:

Pituitary Disorder

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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Abnormal Thyroid | <input type="checkbox"/> Acanthosis | <input type="checkbox"/> Acne | <input type="checkbox"/> Cervicodorsal Hump |
| <input type="checkbox"/> Coarse Facial Features | <input type="checkbox"/> Facial Plethora | <input type="checkbox"/> Hirsutism | <input type="checkbox"/> Male Pattern Baldness |
| <input type="checkbox"/> Moon Facies | <input type="checkbox"/> Proximal Muscle Weakness | <input type="checkbox"/> Teeth Gapping | <input type="checkbox"/> Violaceous Striae |
| <input type="checkbox"/> Visual Field Deficit | <input type="checkbox"/> Other: _____ | | |

Current Labs:

- | | |
|--|---|
| TSH: _____ uIU/mL | FT4: _____ ng/L |
| Prolactin: _____ ng/mL | HgA1c: _____ % |
| LH: _____ IU/L | FSH: _____ IU/L |
| Total Testosterone: _____ ng/dL | Free Testosterone: _____ ng/dL |
| Estradiol: _____ pg/mL | 17 Hydroxyprogesterone: _____ ng/dL |
| DHEA-Sulfate: _____ mcg/dL | 24 hr. Urine-free Cortisol: _____ mcg/24 hrs |
| Low Dose Dexamethasone Suppression Test,
Cortisol: _____ mdg/dL | High Dose Dexamethasone Suppression Test,
Cortisol: _____ mdg/dL |
| GH: _____ ng/mL | IGF-1: _____ ng/dL |
| Cortisol: _____ mcg/dL | ACTH: _____ pg/mL |
| Alpha Subunit: _____ ng/mL | |

Pertinent Imaging Studies:

Head MRI or CT: Date: _____ Normal Abnormal: _____

Other Comments: