Endocrinology TeleECHO™ Clinic

— Thyroid 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? _____

Symptoms:

☐ Cold Intolerance	☐ Constipation	☐ Diarrhea	☐ Dysphagia
☐ Voice Change	☐ Dyspnea	☐ Eye Complaints	☐ Fatigue
☐ Hair Loss	☐ Heat Intolerance	☐ Increased Anxiety	☐ Menstrual Irregularities
☐ Mental Status Changes	☐ Neck Lump or Swelling	☐ Neck Pain	☐ Palpitations
☐ Tremors	☐ Weight Change: _____ ☐lbs. ☐ kgs.		☐ Depression
☐ Mania/Psychosis	☐ Other: _____		

Past Medical History:

☐ Vitamin B12 Deficiency	☐ Past radiation exposure to head/neck	☐ Recent IV Contact Exposure	☐ Recent Viral Illness
☐ Abnormal Lipids	☐ Depression	☐ Vitiligo	☐ Anxiety
☐ Liver Disease	☐Mania/Psychosis	☐ Other: _____	

Psychiatric History

Depression: PHQ9: _____ Date:_____

Substance Use History: *Does the patient have any history of substance use?* ☐ No ☐ Yes

***Describe*:** _____

Substance	***Typical Usage Pattern***	***Last Use Date***
Prescription Opiate Misuse:	_____	_____
Cannabis:	_____	_____
Cocaine:	_____	_____
Benzodiazepines/Sedatives:	_____	_____
Heroin:	_____	_____
Other: _____:	_____	_____

Medication Allergies: _____

Please send to: Margaret Greenfield – Project Coordinator— greenfma@upstate.edu
Phone: (315) 464-7898 • Fax: 315-464-8552

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

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

Diagnosis to be addressed: _____

Date of Diagnosis: _____ **Social Repercussions Related to Dx?**_____

Previous Treatments: ☐ **Thionamide Therapy** ☐ **Surgical Removal** ☐ **Radioactive Iodine - Year: _____**

Family History:

☐ Thyroid Disease ☐ Hyperthyroidism ☐ Hypothyroidism ☐ Thyroid Cancer: _____

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: _____

Abnormal Physical Exam Finding:

☐ Abnormal Thyroid: _____

☐ Eyebrow Thinning ☐ Exophthalmos ☐ Delayed Relaxation of DTRs ☐ Facial Puffiness

☐ Lid Lag ☐ Periorbital Edema ☐ Peripheral Edema ☐ Tremors

Affect: ☐ Anxious ☐ Depressed ☐ Irritable ☐ Euphoric ☐ Other: _____

Current Labs:

White Blood Cell Count: _____x10^3 Hemoglobin: _____ g/dL

Hematocrit: _____ % Platelet Count: _____ 1000/ul

Total Bilirubin: _____ mg/dL Direct Bilirubin: _____ mg/dL

ALT: _____ U/L AST: _____ U/L

Alkaline Phosphatase: _____ U/L Neutrophils: _____%

Absolute Neutrophil Count: _____1000/ul

Thyroid Tests

TSH: _____ uIU/mL Free T4: _____ ng/L

Total T4: _____ ng/dL Free T3: _____ pg/mL

Total T3: _____ uIU/mL Thyroglobulin AB: _____ iU/mL

TPO Ab: _____ IU/mL TSHR ab: _____ IU/L

TSI: _____ TSI Index

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Pertinent Imaging Studies:

☐ Thyroid Ultrasound: _____ Date: _____

Thyroid Uptake: _____% Date: _____ Pattern: ☐ Homogeneous ☐ Hot Nodule ☐ Cold Nodule

☐ Toxic Multi-Nodular ☐ Other: _____

☐ Other: _____

Cytology:

Description of past thyroid nodule biopsies: _____

Other Comments:

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