

Endocrinology TeleECHO™ Clinic
— TRANSGENDER 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

Surgical Intervention: Date: _____ Description: _____

Hormonal Therapy: Date: _____ Description: _____

Symptoms:

- Chest Pain Headaches Lower extremity swelling Unilateral Bilateral
 Mood Changes Shortness of Breath Visual Disturbances Weight Change: _____
 lbs. kgs.

Other: _____

Past Medical History:

- Hypertension Cancer Pituitary Abnormality Type 1 Diabetes Type 2 Diabetes
 Venous Thromboembolic Disease Cardiovascular Disease Other: _____

Psychiatric History:

Depression – PHQ9 Score: _____ Date: _____

Treatment History: _____

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: _____

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

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

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

Family History:

- Coronary Artery Disease Depression Osteoporosis Pituitary Abnormality
 Venous Thromboembolic Event 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: _____

Social Situation:

Sexual Relationships: Men Women Both None

Support System: Friends Family Community Faith Other: _____

Vitals:

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

Physical Exam:

- Acne Atrophic Testes Breast Development Body Hair
 Clitoral Enlargement Facial Hair Prostate Exam: _____
 Other: _____

Current Labs:

White Blood Cell Count: _____ x10 ³	Hemoglobin: _____ g/dL
Hematocrit: _____ %	Platelet Count: _____ 1000/ul
BUN: _____ mg/dL	Creatinine: _____ mg/dL
Serum Sodium: _____ mmol/L	Serum Potassium: _____ mmol/L
Serum Chloride: _____ mmol/L	Serum Bicarbonate: _____ mmol/L
Serum Glucose: _____ mg/dL	Serum Albumin: _____ gm/dL
Total Protein: _____ g/dL	ALT: _____ U/L
AST: _____ U/L	Alkaline Phosphate: _____ U/L
Total Bilirubin: _____ mg/dL	Direct Bilirubin: _____ mg/dL
Hemoglobin A1c: _____ %	TSH: _____ uIU/mL
Cholesterol: _____ mg/dL	Triglycerides: _____ mg/dL
HDL: _____ mg/dL	LDL: _____ mg/dL
Estradiol: _____ pg/mL	Total Testosterone: _____ ng/dL
Free Testosterone: _____ ng/dL	Prolactin: _____ ng/mL
PSA: _____ ng/mL	HIV RNA: _____ copies/mL
HCV RNA: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____	

Pertinent Imaging Studies:

- DXA Scan – Date: _____ Normal Osteopenia Osteoporosis
 MRI – Date: _____ Normal Abnormal _____

Other Comments: