



Case Presentation Form

North Dakota Diabetes ECHO®

Complete this form to the best of your ability and email to Brianna Monahan at bmonahan@nd.gov or to Julie Reiten at julie.a.reiten@und.edu.

Presenting Provider Name:

Clinic/Facility Name & City:

Provider Phone Number:

Provider Fax Number:

Date of Submission:

Biological Gender:

Patient Age:

Race:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino
- Prefer not to say

Other:

PLEASE NOTE that case consultations do not create or otherwise establish presented a provider-patient relationship between any participating clinician and any patient whose case is being in Project ECHO® setting.

What is your main question about this patient?

Comments:

Hospitalizations:

Dates of ED visits or hospitalizations since last clinic encounter:

Reason for hospitalization:

Psychiatric History:

Depression:

PHQ9:

Date:

Diagnosis & Treatment History:

Substance Use History:

Does the patient have any history of substance use?

Description:

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Medication History:

Medication Allergies:

Current Medications/Vitamins/Herbs/Supplements:

| Medication Name | Dosage | Frequency |
|-----------------|--------|-----------|
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Endo-Diabetes

Diagnosis:

Year of Diagnosis:

Other:

Years on Insulin:

Symptoms:

Fatigue

Extremities

Depression

Blurring Vision

Increased Thirst/Urination

Weight Change

Burning/Numbing of

Weakness

Other

Comments:

PMHx:

Diabetic Gastroparesis

Eating Disorder

Obesity

Anxiety Disorder

Metabolic Syndrome

Hypertension

Depression

Urinary Tract Infection

Diabetic Retinopathy

Hypothyroidism

Diabetic Neuropathy

Congestive Heart Failure

Peripheral Vascular Disease

Coronary Artery Disease

Osteoarthritis

Bipolar Disorder

Hyperlipidemia

Other

Comments:

Family History of Diabetes?

Family History of Early CAD?

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Insulin Pump:

No Yes - Type:

Blood Glucose Monitoring:

No Yes - Average Blood Glucose:

Times Checked/Day: Hypoglycemic episodes/week since last encounter:

Medication Adherence:

Number of missed insulin doses/week since last encounter:

Basal:

Number of other missed medications since last encounter:

Health Maintenance:

Immunizations:

Influenza Pneumococcal Hepatitis

Social History:

Relationship Status:

Literacy level of patient or caregiver:

Limited Moderate Adequate

Patient Strengths:

Barriers to Treatment:

| | | |
|---------------------|--------------------------|----------------|
| Access to care | Financial | Psychosocial |
| Attitudes & beliefs | Language | Transportation |
| Cultural Factors | Knowledge about diabetes | Other |

Diet:

| | | |
|----------------------------|-------------------------------|------------|
| Meals per day: | Carb-containing beverages per | Breakfast: |
| Snacks per day: | day: | |
| | Servings of fruit per day | Lunch: |
| Meals per week outside the | Average carbohydrate content | |
| home: | (grams): | Dinner: |

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Comments:

Exercise Activity:

Frequency of exercise (# of times/week):

Average duration of exercise (minutes):

Average intensity of exercise:

Low

Moderate

High

Comments:

Smoking History:

Does the patient currently smoke?

Number of cigarettes per day (1 pack = 20):

Motivation/readiness for change/cessation:

Alcohol Consumption:

Does patient currently drink?

Number per week:

Vitals:

Date:

Systolic BP:

BMI:

Height:

Diastolic BP:

Weight:

Pulse:

Current Labs:

HbA1C:

Creatinine:

Proteinuria:

HDL:

Potassium:

Triglycerides:

BUN:

Total Chol:

AST:

TSH:

ALT:

Glucose:

LDL:

GFR:

Dipstick Lab

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Other Comments:

Physical Exam:

Foot Exam:

Funduscopy Exam:

Pertinent Others:

Microvascular Screening Results:

Dilated Eye Exam/Retina Scan:

Date:

Normal

- Mild PDR
- Moderate PDR
- Severe NPDR
- PDR

Abnormal

Comprehensive Foot Exam:

Date:

Normal

- Diminished Sensation
- Diminished Pulses
- Ulcer
- Wound
- Other

Abnormal

Urine Albumin to Creatinine Ratio:

Date:

Normal

Abnormal

- UACR

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