Extension for Community Healthcare Outcomes

Diabetes TeleECHO™ Clinic

Patient Case Presentation

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

Date: _____ **Presenter:** _____ **Clinic Site:** _____

ECHO ID: _____ ☐ **New** ☐ **Follow Up** **Patient Age:** _____ **Biologic Gender:** ☐ Male or ☐ Female

Race: ☐ American Indian/Alaskan Native, ☐ Asian, ☐ Black/African American, ☐ Hispanic/Latino, ☐ Native Hawaiian/Pacific Islander, ☐ White/Caucasian, ☐ Multi-racial, ☐ Other _____, ☐ Prefer not to say

Please state your question for the ECHO Network? ☐ Behavioral Health ☐ Compliance/Adherence ☐ Diet ☐ Injection ☐ Monitoring ☐ Medications Oral ☐ Lab Interpretation ☐ Resources ☐ Lifestyle (Activity) ☐ Other: _____

Diabetes – Adult

☐ Type 1 Diabetes, ☐ Type 2 Diabetes ☐ Risk for Diabetes
Year of Diagnosis: _____ Years on Insulin: _____

Symptoms:

☐ Blurring Vision	☐ Burning/Numbing of Extremities	☐ Depression	☐ Increased Thirst/Urination
☐ Fatigue	☐ Weakness	☐ Weight Change Since Last Clinic Visit: _____	☐ Other: _____

PMHx:

☐ Diabetic Gastroparesis	☐ Diabetic Nephropathy	☐ Diabetic Neuropathy	☐ Diabetic Retinopathy
☐ Anxiety Disorder	☐ Bipolar Disorder	☐ Coronary Artery Disease	☐ Congestive Heart Failure
☐ Depression	☐ Eating Disorder	☐ Hyperlipidemia	☐ Hypertension
☐ Hypothyroidism	☐ Metabolic Syndrome	☐ Obesity	☐ Osteoarthritis
☐ Peripheral Vascular Disease	☐ Urinary Tract Infection	☐ Other _____	

Hospitalizations: Dates of ED visits or hospitalizations since last clinic encounter**:** _____, _____

Psychiatric History:

Depression: PHQ9: _____ Date: _____

Diagnosis & Treatment History:

_____

_____

_____

Please email to:
Dan Saltman, MD
Course Director, ECHO Diabetes Learning Group
saltman@hawaii.edu

October 27, 2017
After Version 4.0 Final

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:	_____	_____
Amphetamines:	_____	_____
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**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insulin Pump: ☐ No ☐ Yes – Type: _____

Basal Rate (s)		**Insulin to Carb Ratio**		**Insulin Sens. Factor**		**Blood Glucose Target**	
Time of day	Units/hour	Time of day	Ratio	Time of day	Number	Time of day	Mg/dL
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Active Insulin Time (hours): _____ Total Basal Dose (units): _____ Average Total Daily Dose (units): _____

Continuous Glucose Monitor: ☐ No ☐ Yes – Type: ☐Dexcom, ☐Medtronic, ☐FreeStyle Libre

Blood Glucose Monitoring: ☐ No ☐ Yes – Average Blood Glucose: _____ Times Checked/Day: _____

Hypoglycemic episodes/week since last encounter: _____

Glucometer Download:

Average number of blood glucose checks per day: _____ *Average blood glucose:* _____

Standard Deviation: _____ *Number of blood glucose readings less than 70:* _____

Please email to:
Dan Saltman, MD
Course Director, ECHO Diabetes Learning Group
saltman@hawaii.edu

October 27, 2017
After Version 4.0 Final

CHW to Present

Social History:

☐Single ☐Married ☐Separated ☐Divorced ☐Widowed ☐Other: _____

Literacy level of patient or caregiver: ☐Limited ☐Moderate ☐Adequate

Patient Strengths: _____

Barriers to Treatment: ☐Access to Care, ☐Attitudes & Beliefs, ☐Cultural Factors, ☐Financial, ☐Knowledge about Diabetes, ☐Language, ☐Psychosocial, ☐Transportation, ☐Other: _____

Medication Adherence:

Number of missed insulin doses/week since last encounter: Basal: _____ Bolus: _____

Number of other missed medications since last encounter: _____

Motivation/readiness for change: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, ☐ 6, ☐ 7, ☐ 8, ☐ 9, ☐ 10

Diet: *Meals per day:* _____ *Snacks per day:* _____ *Carb-containing beverages per day:* _____

Meals per week outside the home: _____ Servings of fruit per day: _____

Average carbohydrate content (grams): Breakfast: _____ Lunch: _____ Dinner: _____

Motivation/readiness for change: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, ☐ 6, ☐ 7, ☐ 8, ☐ 9, ☐ 10

Exercise Activity: *Frequency of exercise (# of times/week):* _____ *Average duration of exercise (minutes):* _____ *Average intensity of exercise:* ☐Low ☐Moderate ☐High

Motivation/readiness for change: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, ☐ 6, ☐ 7, ☐ 8, ☐ 9, ☐ 10

Smoking History: *Does patient currently smoke*? ☐ No ☐ Yes – Number per day (1 pack = 20): _____

Motivation/readiness for change: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, ☐ 6, ☐ 7, ☐ 8, ☐ 9, ☐ 10

Alcohol Consumption: *Does patient currently drink*? ☐ No ☐ Yes – Number per week: _____

Motivation/readiness for change: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, ☐ 6, ☐ 7, ☐ 8, ☐ 9, ☐ 10

Family History of Diabetes? ☐ No ☐ Yes **Family History of Early CAD?** ☐ No ☐ Yes

Health Maintenance:

Immunizations: ☐ *Influenza* ☐ *Pneumococcal* ☐ *Hepatitis B* *Dental Exam:* Date: _____

Vitals:

Date: _____ Systolic BP: _____ Diastolic BP: _____ Pulse: _____

Height: _____ Weight: _____ ☐lbs. ☐kgs. BMI: _____

Physical Exam:

Foot Exam: ☐Normal ☐Abnormal *Funduscopic Exam:* ☐Normal ☐Abnormal

Pertinent Others: _____

Please email to:
Dan Saltman, MD
Course Director, ECHO Diabetes Learning Group
saltman@hawaii.edu

October 27, 2017
After Version 4.0 Final
Used with permission from
Project ECHO®, UNM School of Medicine

Microvascular Screening Results

Dilated Eye Exam/Retinal Scan: Date: _____ ☐Normal ☐Abnormal - ☐Mild NPDR, ☐Moderate NPDR, ☐Severe NPDR, ☐PDR

Comprehensive Foot Exam: Date: _____ ☐Normal ☐Abnormal - ☐Diminished Sensation ☐Diminished Pulses ☐ Ulcer ☐Wound ☐Other: _____

Urine Albumin to Creatinine Ratio: Date: _____ ☐Normal ☐Abnormal – UACR: _____

Current Labs:

HbA1C: Current _____, Previous _____ _____ Total Chol: _____ Triglycerides: _____

HDL: _____ LDL: _____ ALT: _____ AST: _____

BUN: _____ Creatinine: _____ Glucose: _____ GFR: _____

TSH: _____ Potassium: _____ Proteinuria: _____ (☐Dipstick, ☐Lab)

Other: _____

Other Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please email to:
Dan Saltman, MD
Course Director, ECHO Diabetes Learning Group
saltman@hawaii.edu

October 27, 2017
After Version 4.0 Final
Used with permission from
Project ECHO®, UNM School of Medicine