

ECHO[®] Alabama: Pediatric Diabetes & Obesity: Case Report Form

Date: _____ **Presenter:** _____

Patient ECHO ID: _____ **Clinical Site:** _____

* Initials and month/day of birth (i.e: JD0509)

* (i.e: Practice Location)

Age: _____ **Gender:** M F **Check one:** new case follow-up

HPI: _____

Medical History: _____

Medications (include metformin, oral hypoglycemics, anti-hypertensives, lipid lowering drugs, etc).

<u>Name of Med</u>	<u>Dose/Route</u>	<u>Date Started</u>

Insulin dosing (if applicable)

Basal (Long Acting)

glargine (Lantus) detemir (Levemir) glargine (Tresiba) degludec (Toujeo)

Dose: _____ units daily OR every _____ hours; Time of day given: _____

Bolus (Short Acting)

lispro (Humalog) aspart (Novolog) glulisine (Apidra)

Insulin to carb ratio or Set doses Correction Factor: _____

Breakfast: _____ Sliding Scale: _____

Lunch: _____

Dinner: _____

Snacks: _____

Insulin pump? Yes Type: _____

Basal rates: _____

Alternative regimens:

70/30: _____

75/25: _____

NPH & Regular: _____

Review of Systems:

Polyuria Nocturia Weight gain Hirsutism Easy bruising Smoking

Polydipsia Weight loss Dark skin Acne Poor growth Striae

Other: _____

Diet History/Physical Activity Log:

How many sugar sweetened beverages daily (i.e- juice, tea, soda)? _____

Does diet frequently include: Fried Food Fatty foods Fast Food

Does the patient take in any: Fiber Lean Protein Vegetables Fruits

Special diet (i.e- vegetarian, dairy-free)? _____

How often does vigorous exercise occur (enough to break a sweat)?

Never 2-3 times a week 4-5 times a week 6-7 times a week

Is there a TV in the child's bedroom? yes no

Hours of TV watching, computer games, idle sitting time daily: _____

Family History

Type 1 Diabetes

Hyperlipidemia

Obesity

Hypertension

Metabolic Syndrome

Heart attack <50 (M), <65 (F)

PCOS

Prediabetes

Fatty liver (NAFLD)

Type 2 Diabetes

Stroke

Thyroid problems

Other: _____

Growth Parameters (**Please include a copy of height/weight growth charts)

Height: _____ cm _____ percentile Weight: _____ kg _____ percentile

BMI: _____ kg/m² _____ percentile BSA: _____ m²

Vital Signs: HR _____ RR _____ B/P _____

Physical Exam (Relevant Findings: i.e- acanthosis, central obesity):

Acanthosis Central Obesity Hirsutism Acne Violaceous Striae

Other: _____

Labs/Imaging (i.e- blood sugars, A1c, CMP): Hemoglobin A1c _____ %

CMP (relevant findings): _____ ALT _____ AST _____

Lipid Profile: TC _____ TG _____ HDL _____ LDL _____ Fasting? Y N

Other: _____

What questions do you have about this patient?

Please return completed form via email to endoecho@peds.uab.edu

Or fax to (205) 638-2862, Attn: Michelle Coulter