

## Panels of Clinician Experts – Sunday November 4th

During the Sunday General Session AMMG will convene two Panels of Clinician Experts in Age Management Medicine who will take cases submitted directly by attendees and present these for discussion and recommendations for treatment. Attendees may be asked during this session to provide additional information or insight as the discussion progresses.

Please submit your case(s) using the **submission form below**. Follow the directions provided.

**Questions, please contact Michele Brown at 281-826-3894.**

**When completed, email your submission form to: [MBrown@agedmed.org](mailto:MBrown@agedmed.org).  
or fax to: 630-429-9500**

## Case Panel Attendee Submission Form

**Submitted by:** (name of attendee)

**Email of Attendee submitting:** (email of the attendee submitting in the event panel needs more info)

**Phone of Attendee submitting:** (phone of attendee)

**Will you be available to interact with the Panel when your case is presented?** (yes or no)

**Patients Chief Complaint or Concern:** (Is there a primary reason the patient is seeking treatment?)

**Brief Description of the nature of this case, be sure and state what makes this case interesting and the reason you are submitting it to the panel:** (Please try to give a brief synopsis of the case you are submitting and the reason you submitted this case to the panel)

### Patient Assessment

**Patient Identifier:** (Please use initials only)

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Ethnic Origin:**

**Age:**

**Height:**

**Weight:**

**Waist Circumference:**

**Skeletal Muscle & Visceral Fat:**

**Current Medications & Supplements:**

**Lifestyle and or Exercise & Nutrition Habits:**

**Sleep Habits:**

**Stress Level:**

**Patient Health and Disease History (Brief Summary):**

**Family History of Health Issues:**

**Physician Obstacles and issues with patient improved outcomes:**

**Brief Description of the assessment protocols done in this case and the results:**

**Supporting Documents: Please attach PERTINENT Labs, Assessment Tests, photos or other files that are relevant to this case:** (Photos only with permission of the patient and please redact to ensure patient confidentiality)

**Please list files being sent below** (Remember to only send pertinent Labs and information)

- 1.
- 2.
- 3.
- 4.

**Your Preliminary Diagnosis:**

**Clinical Treatment now being done:**

**[NOTE: Panel members are encouraged to contact the Attendee with any questions regarding their case, or its presentation]**

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