CASE SUMMARY INDEX FORM 111-CAQ – 2019

Last Name_____, First_____

- A list of ten (10) cases are due by **November 20, 2018** and are to be submitted on this form. List cases in each of the 10 categories (A-J).
- See "DESCRIPTION OF CATEGORIES FOR CASE SUBMISSION" on the CAQ-Exam Information Guide our website before creating your list of cases.
- A minimum of 8 categories must be utilized. If **only** 8 categories are utilized additional 2 cases may be submitted in the "supplemental section" at the end of this form.
- It is **imperative** that the 10 case submissions reflect a level of sophistication and relevance to the subject area under which they are listed. Reviewers will expect the cases to reflect the comprehensive evaluation of the stated diagnosis.
- **You cannot use the same patient more than once**.
- If two patients have the same initials, differentiate them by including a middle initial, i.e. TAM and TRM.

CATEGORY / CASE #	PRIMARY DIAGNOSIS	PATIENT INITIALS	# OF VISITS	Consultation	Imaging Studies	Lab Reports
A. Infection Diagnosis and Medical						
1	_____	_____	_____	☐	☐	☐
B. Infection Surgical Peri-op Management						
2	_____	_____	_____	☐	☐	☐
C. Offloading Medical Management						
3	_____	_____	_____	☐	☐	☐
D. Offloading Surgical Peri-op Management						
4	_____	_____	_____	☐	☐	☐
E. Offloading Prevention of Ulcers						
5	_____	_____	_____	☐	☐	☐
F. Debridement						
6	_____	_____	_____	☐	☐	☐
G. Skin Substitute Application and Appropriate						
7	_____	_____	_____	☐	☐	☐
H. Peripheral Artery Disease Testing						
8	_____	_____	_____	☐	☐	☐
I. Imaging						
9	_____	_____	_____	☐	☐	☐
J. Collaborative Care						
10	_____	_____	_____	☐	☐	☐

Supplemental Cases (IF NEEDED)

_____ S1_____ _____ _____ ☐ ☐ ☐
Category

_____ S2_____ _____ _____ ☐ ☐ ☐
Category

I attest that all patients submitted in this form are or were my patients, under my direct supervision and responsibility, and that no patients have been entered more than once (any duplicate initials represent different patients). I understand and agree that if ABPM discovers a breach of these rules, it will be grounds for barring me from the CAQ process.

Signature _____ Date _____