



ID:

# ECHO Idaho: Patient Case Presentation

***Please do not attach any patient-specific files or include any Protected Health Information.***

Date:

Presenter:

Are you willing to present a follow-up on this patient in 3 months?    Yes    No

Please state your main question for this patient case:

Age:

Gender:

Insurance:

**Substance Use History:**

**Psychiatric History:**

**Other Pertinent History (physical abuse; family history, etc.):**

**Current Medications:**

*\*include dose and length of time used*

**Past Medications:**

*\*include dose and length of time used*

*Medication Adherence:*    Excellent    Good    Fair    Poor

By initialing here \_\_\_\_\_, you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

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You can also email this as an attachment to [echoidaho@uidaho.edu](mailto:echoidaho@uidaho.edu)  
or fax to 208-364-3178

***The next three questions are for follow-up patient presentations only***

What progress has your client made since your initial presentation?

Have you and/or the patient encountered challenges or obstacles? If so, what were they?

What help or advice would you like from the specialists?

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