



ECHO Idaho: Patient Case Presentation

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

Date: Presenter:

Patient Type? New Follow-up (*see pg. 3*) 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:

- Help with diagnosis Help with medications Help with non-medication treatment

Social Determinants:

Age: Gender: Housing:

Education:

Employment:

Insurance:

History of Abuse:

Labs/Mental Health Assessments:

CBC		CMP		TSH & Free T4	
PHQ-9		GAD-7		MDQ	

Mental Health Disorders:

- Depression Anxiety Bipolar Disorder ADHD Eating Disorder PTSD
 Other

Behavioral Health Engagement:

- Individual Therapy Group Therapy Family Therapy Alcoholics/Narcotics Anonymous
 Other

Pertinent Medical History (family history, hospitalizations, surgeries, injuries, etc.):

Substance Use History:

Other Pertinent Information (cultural or religious factors, support systems, criminal justice system status, etc.)

Current Medications:

**include dose and length of time used*

Past Medications:

**include dose and length of time used*

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Medication Adherence: Excellent Good Fair Poor

Patient Goals for Treatment:

Provider Goals for Treatment:

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Currently Proposed Treatment Plan:

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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The next four 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 does the patient hope to achieve next?

What do you hope to achieve next?

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What help or advice would you like from the specialists?