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**MACS ECHO**

**Patient Case Presentation**

**Email:** [**macs.echo@som.umaryland.edu**](mailto:macs.echo@som.umaryland.edu)

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

Date: \_\_\_\_\_\_\_\_\_\_ Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECHO ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you presented this patient during this teleECHO clinic before? Yes No

1. **Please state your main question for this patient case:**

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⃝ Requesting help with diagnosis ⃝ Help with medications ⃝ Help with non‐medication treatment

1. **Demographics:**

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| --- | --- |
| **Age** |  |
| **Gender** |  |
| **County** |  |

|  |  |
| --- | --- |
| Patient Strengths/protective factors | Adverse Childhood Events |
|  |  |

1. **Social history/Cultural factors that may have an impact on patient’s situation (please include education, literacy, housing, employment, etc.):**

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1. **Substance Use History: (Please indicate if there is a known history of overdose):**

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1. **Medical/Behavioral Health Diagnoses:**

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1. **Medications/Behavioral Health Interventions that have been tried:**

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1. **Labs (as indicated):**  **Include last urine drug screen result**

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1. **Prescription Monitoring Program Pertinent Findings (Please include allergies):**

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1. **Patient Goals for Treatment:**

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1. **Proposed Treatment Plan:**

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**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.**