



SUNY Upstate ECHO Case Presentation Form

PLEASE NOTE: Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a Project ECHO® setting. **Do not share any confidential patient information (name, etc.) when identifying your patient during clinic.**

Complete this form to the best of your ability and email/fax to ECHO Project Manager Deidre Keefe at keefed@upstate.edu or 315-464-8552 (fax)

Presenting Provider Name and Facility: _____

Provider Phone and Fax #: Phone _____ Fax: _____

Email: _____

Case Number: _____ **Presentation Date:** _____

New Case or Follow Up? **New** **Follow Up** **If follow up, list date of original presentation:** _____

(Project Manager will fill in Case # and Presentation Date – Once we receive your case, the Project Manager will email you the case number. This number should be assigned to the patient's case file in your possession. If referencing this patient in subsequent presentations please use the same number.)

Patient Sex: **Female** **Male** **Age of Patient (yr. and mo.):** _____

Brief History of Present Illness:

Patient's Pertinent Past Medical History:

Brief Social History (do NOT share anything that can be identifying):

Medication List:

Physical Examination:

Vital Signs:

Heart Rate:

Blood Pressure:

Resp. Rate:

Oxygen Saturation:

Temperature:

Mental Status:

Pupils:

Mucus Membranes:

Heart:

Lung:

Bowel Sounds:

Reflexes/Neuro Exam:

Laboratory Results:

BMP:

Blood Gas:

LFTs:

ECG:

Current Therapy:

Any other pertinent findings that you feel are important?

Specific questions for the hub team?