



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: _____

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

(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 :** _____

Physical Exam Pertinent Findings:

_____ Height _____ Weight _____ BMI _____ Heart Rate

_____ Sitting Blood Pressure _____ Standing Blood Pressure

Patient Occupation: _____

Patient Education Level: _____

Living Situation: _____

Reason for presenting this case today?

Patient History:

Exam Findings:

Laboratory Findings:

Current Therapy (if any):

Any past meds and therapies:

Specific Questions for the Hub Team?

1.) _____

2.) _____

3.) _____

4.) _____

Other Information you believe may be useful in this case: