



## 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](mailto: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 (yr. and mo.):** \_\_\_\_\_

**Gestational Age of Patient at Birth (weeks):** \_\_\_\_\_

**Height:** \_\_\_\_\_ percentile

**Weight:** \_\_\_\_\_ percentile

**Pediatric Specialty Requested:**

Infectious Disease	Gastroenterology	Pulmonology
Hematology	Environmental	Endocrinology
Neurology	Urology	Otolaryngology

**How long has the child been in your care?**

**Reason for presenting this case today?**

**Patient History:**

**Exam Findings:**

**Laboratory Findings:**

**Current Therapy (if any):**

**Specific Questions for the Hub Team?**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

**Other Information you believe may be useful in this case:**