



CASE PRESENTATION FORM

Chronic Pain and Opioid Management TeleECHO™ Clinic (ECHO Pain)

Please complete ALL ITEMS on this form and fax to (505) 272-6906

*Items marked * are required for completion of this form.*

Patient First Name*

Patient Last Name*

Patient Birthday*

Patient Gender*

(refer to categories)

Patient Home Zip Code

Provider Phone Number

Provider Fax Number

Provider Email

Clinic/Facility Name*

Clinic/Facility City*

**When do you want to present
your case? Date and
approximate time?**

Please note that Project ECHO case consultations do NOT create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO setting.

When we receive your case, we will email you with a confidential patient ID number (**ECHO ID**) that must be utilized when identifying your patient during clinic.

The information in this FAX message is privileged and confidential. It is intended only for the use of the recipient at the location above. If you have received this in error, any dissemination, distribution, or copying of this communication is strictly prohibited. If you receive this message in error, please notify UNM Project ECHO at (505) 750-3246 immediately.

Presentation Date

Presenter

ECHO ID

New case

Insurance: Medicaid patient? Yes No

Follow-up

If yes, which MCO/insurance? _____

Please state your question for the ECHO Pain Network

Patient Age

Patient Weight

Patient BMI

Pain Location

How does the patient describe their pain?

Pain Diagnosis

Pain Management Strategies Tried

Non-Pharmacological

Pharmacological

Interventional

Current Medication List & Dose

Does the patient have a naloxone rescue kit?

Y

N

Medical Comorbidities

Pertinent Lab/Other Test Findings:

Goals for Treatment

Living Situation (i.e., alone, married,etc.)

Psychological Co-morbidities

Screening/Assessment Tool Scores

PHQ-9

GAD-7

Other

History of Suicide Attempt?

No

Yes

If yes, date of last attempt and other relevant information

Aberrant behaviors on opioids?

PDMP Checked ?

Urine Drug Screen?

Pain Controlled Substance Agreement in Place?