

MAT ECHO Clinic Case Presentation Form

Please complete the items on this form and email to hsc-matecho@salud.unm.edu or fax to ATTN MAT ECHO at 505-272-1876.

Date: _____ Presenter name: _____

Patient age: _____ Patient gender: M ___ F ___

PLEASE STATE YOUR QUESTION FOR THE MAT ECHO NETWORK:

Is the patient you are presenting on Medicaid?

1. Substance use history

	Details
Caffeine	
Nicotine	
Alcohol	
Cannabis/Spice	
Methamphetamine	
MDMA	
Heroin	
Opiates	
Hallucinogens	
Inhalants	
Benzodiazepines	
OTHER:	

2. History of substance use disorder treatment:

Substance Abuse counseling:

Past: Yes _____ No _____

Present: Yes _____ No _____

Inpatient Substance Abuse Treatment:

Yes _____ No _____

12-steps/Mutual Support Groups:

Past: Yes _____ No _____

Present: Yes _____ No _____

MAT Medications

Buprenorphine: Yes _____ No _____

Methadone: Yes _____ No _____

Naltrexone Yes _____ No _____

3. Psychiatric Symptoms

Depression:

- Insomnia/Hypersomnia
- Diminished Interest
- Worthlessness/Guilt
- Loss of Energy
- Diminished concentration
- Significant Weight Loss
- Psychomotor Agitation/Retardation
- Suicidal Ideation/Thoughts of Death

Mania:

- Distractibility
- Indiscretion (dangerous activities)
- Grandiosity
- Flight of Ideas
- Activity Increase
- Decreased Need for Sleep
- Talkativeness

Anxiety:

- Trauma
- Hypervigilance
- Increased Startle
- Avoidance
- Negative Cognitions
- Excessive Worry
- Panic Attacks
- Obsessions
- Compulsions

Psychosis:

- Delusions
- Hallucinations
- Auditory/Visual/Tactile
- Disorganized Behavior

4. Screening/Assessment Tool Scores (list any that apply):

5. Non-pharmacological Interventions Tried:

	TRIED? Y/N	HELPFUL? Y/N
Community Resources		
Community Reinforcement Approach		
Seeking Safety		
Motivational Interviewing		
Behavioral Activation		
Relaxation Strategies		
Anger Management		
Mindfulness		
One-on-One Therapy		
Matrix Therapy		
Other:		

6. Current Medications:

- 1.
- 2.
- 3.
- 4.

7. Medical Comorbidities:

- 1.
- 2.
- 3.
- 4.

8. PDMP checked: Yes _____ No _____

Pertinent Findings: _____

9. Labs

- TSH:
- UDM:
- CBC:
- CMP:
- Other: _____
- Drug levels:
- Hep C:
- HIV:
- LFTs:

10. Goals for Treatment