

Presentation Date:		Presenter/Site:			ECHO ID:		
Is the patient on Medicaid?		<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Presbyterian Centennial Care <input type="checkbox"/> BCBS Centennial Care <input type="checkbox"/> Western Sky Community Care <input type="checkbox"/> Unknown					
<input type="checkbox"/> New Case		<input type="checkbox"/> Follow Up Case		<input type="checkbox"/> Clinical Question <input type="checkbox"/> Case Management Question			
Reason for Case Presentation							
Patient Information		Age:	Gender:	Race:	Hispanic: <input type="checkbox"/> Y <input type="checkbox"/> N	HIV Dx (yr):	
		HIV Transmission Risk: <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> Perinatal <input type="checkbox"/> HRH <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			Nadir CD4:	Current CD4 (%):	Current HIVRNA:
HCV Co-Infection		HCV Transmission Risk: <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> Unprofessional Tattoo <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		HCV Dx (yr):	HCV Genotype:	HCV RNA:	
Medical History							
Mental Health History							
ARV and Genotype History							
Medication Allergies							
Current Medications							
Social History		Substance Use: <input type="checkbox"/> None prior <input type="checkbox"/> Remote Hx <input type="checkbox"/> Ongoing: _____ _____ _____		Housing: <input type="checkbox"/> Housing Stable <input type="checkbox"/> Transitional <input type="checkbox"/> Unstable <input type="checkbox"/> Homeless _____		Employment: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Other: _____	
		Social Supports: <input type="checkbox"/> Religious Community <input type="checkbox"/> Social Clubs <input type="checkbox"/> Partnership <input type="checkbox"/> Close Friends <input type="checkbox"/> Family <input type="checkbox"/> Other: _____		Transportation: <input type="checkbox"/> Reliable Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> None <input type="checkbox"/> Other: _____		Ongoing Legal Issues: <input type="checkbox"/> Y <input type="checkbox"/> N _____	
Additional Information for Clinical Case Presentations:							
Pertinent Physical Findings							
Pertinent Labs		Test/Date/Result	Test/Date/Result	Test/Date/Result	Test/Date/Result		
Pertinent Imaging							

Please attach any relevant genotype results to this form, and return completed form to the HIV ECHO team.
 Fax: (505)272-6906 or Email: HIVecho@salud.unm.edu