Behavioral Health Integration: Psychiatric Issues in Primary Care Setting
Case Presentation Form

Please complete the case presentation form and email or fax back to Claudia Chavez-Rhoades at cchavez@uphcs.com or (906) 225-1053.

Case Presentation for ECHO Series/Session Name:

Provider Name: **Clinic Name:**

I. Patient Information:

Patient ID*: _____ **Age**:_____ **Gender**:_____
*Please use initials and month/day of birth
Ex. Janet Doe DOB 5/9/56 is JD0509

Race: _____ **Ethnicity:** _____

Information from:

- ☐ Patient
- ☐ Patient & Parent/Guardian
- ☐ Other, please specify:

II. Referral Question/What is to be addressed at the ECHO:

III. Disease History – please check if positive for:

☐ Major Depressive Disorder	☐ Personality Disorder
☐ Bipolar Disorder	☐ Alcohol Use Disorder
☐ Schizophrenia/Schizoaffective	☐ Substance Use Disorder ~ *Please complete substance use table on page 3*
☐ Generalized Anxiety Disorder	☐ Chronic Pain
☐ Post-traumatic Stress Disorder	☐ Other, please specify:
☐ Panic Disorder	

IV. Significant Past Medical History – please check if positive for:

☐ Diabetes Mellitus	☐ Hypertension
☐ Coronary Artery Disease	☐ History of Suicide Attempt
☐ Obesity	☐ History of Psychiatric Hospitalization
☐ Cancer	☐ Other, please specify:

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V. Family History – please check if positive for:

	Depression	Bipolar Disorder	Substance Use Disorder	Anxiety	Schizophrenia	History of Suicide Attempt
Mother	☐	☐	☐	☐	☐	☐
Father	☐	☐	☐	☐	☐	☐
Siblings	☐	☐	☐	☐	☐	☐
Maternal Grandparents	☐	☐	☐	☐	☐	☐
Paternal Grandparents	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐

VI. Social History – please check if positive for:

☐ Tobacco Use	☐ Housing Insecurity
☐ Domestic Violence	☐ Unemployment/Underemployment
☐ Trauma History	☐ Education/Literacy Challenges
☐ Financial Insecurity	☐ Food Insecurity
☐ Other, please specify:	

VII. Last Physical Exam:

Height:	Weight:	Blood Pressure:
Respiratory Rate:	O2 Saturation:	HEENT/Neck:
Chest/Cardiac/Lungs:	Abdomen:	Neurological:

VIII. Assessments:

	Date and Score	Date and Score	Date and Score	Date and Score	Date and Score	Date and Score
PHQ9						
GAD7						
CAGE/AUDIT						
Suicide Risk						

IX. Current & Past Medications:

Medication	Approximate Dates	Dose ~ how long?	Reason for stopping

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Medication	Approximate Dates	Dose ~ how long?	Reason for stopping

X. Substance Use History:

Substance	Approximate ages/years	Treatment /MAT
Alcohol		
Opioids		
Cannabis		
Methamphetamine		
Cocaine		
Other		

XI. Other Management Services:

☐ Enrolled in Care Management	☐ Psychotherapy
☐ Other, please specify:	☐ Referral to Psychiatrist

What gaps or barriers in clinical processes or resources make it difficult to deliver care for this patient?