

Easing Apprehension Surrounding MAT in Primary Care ECHO Program



CASE PRESENTATION FORM



Please complete case presentation form and send to Kristie Hechtman

E-mail: khechtman@uphcs.org or Fax: (906) 225-8771

Case Presentation for MAT ECHO Session/Topic Name: _____

Provider Name: _____ Health Clinic and Contact # _____

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: _____

Highest educational level or degree: _____ Profession: _____

Information collected from:

Patient

Patient & Parent/Guardian

Other, please specify: _____

CAGE Screen _____ ACEs Screen _____ PHQ-9 _____ Other: _____

Please list all substances patient is currently using, along with dose, frequency and age they started using, if known:

What is your main question for this presentation:

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History of present illness:

Current Psychiatric Diagnoses:

Additional relevant information for case (Withdrawal, past treatments, behavioral interventions):

Psychiatric Hospitalizations:

Suicide Attempts or Self harm:

Harm to others:

Current Living Situation:

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Family Psychiatric History

Mother:	
Father:	
Siblings:	
Other:	

Trauma History (Relational stressors, abuse, violence):

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Current Medications (Rx, PRN, OTC, Herbals, etc.)

Name	Strength	Sig	Indication	Start Date

Previous Psychiatric Medication Trials

Name	Strength	Response/Side effects

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Other Medical History :

Additional gaps or barriers in clinical processes or resources that make it difficult to deliver care for this patient:

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Thank you!

