



Intermountain Project ECHO Eating Disorders Case Submission Form

Provider name:
Credentials:
Phone:
Email:
Patient age:
Gender:
Marital status:
Children:
Primary Support system:

Overview of patient's story

What are your questions that you would like addressed as part of this case discussion? What are your concerns about this patient's status?

Nutrition: Patient's backstory, history of treatment, current/past behaviors, current plan of care. Feel free to include any other details you believe are pertinent.

Therapy: Patient's backstory, history of treatment, current/pas behaviors, current plan of care. Feel free to include any other details you believe are pertinent.

Medical Treatment: Patient's backstory, history of treatment, current/past behaviors, current plan of care. Please include current medications, pertinent past medical/surgical history, any eating-disorder-related complications, recent lab values or bone density scan results if known.

