Project ECHO: Intermountain Healthcare - LGBTQ Patient Care | Case Presentation

Admin use only
ECHO ID#:

Review Date:

New Follow-up Originally Reviewed

Provider Name/Credentials:

Phone:

Email:

Treatment Location/Facility:

Treatment Team Members **(Please include name & profession):**

PLEASE ENTER ONLY DE-IDENTIFIED PATIENT INFORMATION

Age:

County/ST of Residence:

Sex Assigned at Birth: choose sex assigned at birth

SELECT ALL THAT APPLY - Hold CTRL to multi-select:

Gender Identity:	Sexual Orientation:	Pronouns:	Race/Ethnicity:
select all that apply	select all that apply	select all that apply	select all that apply
Male/Man	Lesbian	He/Him/His	Asian
Female/Woman	Gay	She/Her/Hers	American Indian or Alaskan Nativ
TransMale/TransMan	Bisexual	They/Them/Theirs	Black or African American
TransFemale/TransWom	Queer	Something else	Native Hawaiian or Pacific Island
Genderqueer/Gender No	Straight	Decline to answer	White

Patient Uses for Sex:	Partner Uses for Sex:	Relationship Status:	Living Situation:
select all that apply	select all that apply	select all that apply	select all that apply
Oral	Oral	Single	Live alone in own home
Anal	Anal	Partnered	Live in a household with others
Penile	Penile	Married	Live in a residential facility
Vaginal	Vaginal	Monogamous	Staying with family
Toys	Toys	Polyamorous	Staying in a shelter or homeless

MAIN QUESTIONS: What are your main questions/concerns to be addressed during this presentation?

HPI: Please detail the history of the presenting illness.

NOTABLE PHYSICAL EXAM FINDINGS: List findings and relevant details

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VITAL SIGNS:

Temperature:
Respirations:
Blood Pressure: /
Height (in):
Pulse Rate:
Weight (lbs):
PulseOx:
BMI:

MEDICATIONS/OTCs/SUPPLEMENTS:
(Use Generic Names):

LAB RESULTS:

GC/CT – NAAT
Pharyngeal Detected Not Detected Rectal Detected Not Detected Urine/Urethral: Detected Not Detected

RPR Reactive-Titer Non-Reactive
T. pallidum Reactive Non-Reactive
HIV Ag/Ab Reactive Non-Reactive
RNA Quant (Viral load) log copies/mL
CD4 cells/mcL
HLA-B* 5701 Positive Negative

Estradiol pg/mL
Tot testosterone ng/dL
Hb g/dL
AST unit/L
ALT unit/L
HbA1c %

HCT %
LDL mg/dL
FBG mg/dL
TSH mcIU/mL

PMH: Please detail relevant past medical history.

EVALUATIONS & ASSESSMENTS: Please provide scores and relevant details (please submit copies, if available)

The Patient Health Questionnaire (PHQ-9)

Generalized Anxiety Disorder 7-item (GAD-7)

Other (Please detail)

PRIOR CONSULTATIONS & RECOMMENDATIONS:

Clear Save Print Submit

For more information or questions about this or other Project ECHO programs, email IntermountainProjectECHO@imail.org