Project ECHO: Intermountain Healthcare - Pain Management|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:

Gender:

Race/ Ethnicity:

Marital Status:

Education Level:

County/ST of Residence:

Pain Scale Used:

Current Pain Score:

Current Living Situation:

Primary Support System:

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

HPI: Please detail the history of the presenting illness, including past/prior/failed medications and therapies.

NOTABLE PHYSICAL EXAM FINDINGS: List findings and relevant details

MEDICATIONS/OTCs/SUPPLEMENTS/OPIOIDS/SEDATIVES/HYPNOTICS: ***(Use Generic Names. Please attach any mediciation lists)***

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VITAL SIGNS:

Temperature:

Pulse Rate:

Weight (lbs):

Blood Pressure: /

PulseOx:

BMI:

Respirations:

Height (in):

PERTENTANT LAB RESULTS & IMAGING *(Please attach any pertinant results)*:

CBC Test Results:

CMP Test Results:

Urine Drug Screening Results:

EMG Test Results:

Evidence of Aberrant Behavoir:

PMH: Please detail relevant past medical history.

SHX: Please detail past surgeries related to pain.

ASSESSMENTS & TREATMENTS: Please provide relevant details *(Please submit copies, if available)*

Diagnosis:

Any Assesments:
(opiod risk assesment,
benzo assesment,
sleep assesment,
depression etc.)

PRIOR OR OTHER CONSULTATIONS & RECOMMENDATIONS: