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**Medical Home ECHO®**

**Case Presentation Form**

**Please complete ALL ITEMS on the form and email to MSU ECHO at**

krista.opstedal@minotstateu.edu

**Thank you**

|  |  |
| --- | --- |
| **Presentation Information** | |
| MSU ECHO Network | DoH-MSU Medical Home |
| Presentation occurrence: | Please, select one |
| Presenter’s first and last name: | Select to enter first and last name |
| Presenter’s phone number: | Select to enter phone number |
| Presenter’s email address: | Select to enter email address |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  |  | ECHO ID: | Click here to enter text. |
|  |  | Date: | Click here to enter a date. |

**Presenting your case:**

**Before the Session**:   
 ● Fill out this form and email to [krista.opstedal@minotstateu.edu](mailto:krista.opstedal@minotstateu.edu)  
 ● An ECHO network coordinator will work with you to schedule a date and provide any additional information.

**During the Session**:    
 ● After the session presentation, the facilitator will introduce you and provide time to present your case to the network. The facilitator will ask the participants if there are any questions, clarifications, or recommendations.

**After the Session**:   
 ● The ECHO team will create a feedback document outlining recommendations and resources within two weeks of the case presentation.  
 ● You will be invited to share an update of your case to the network on a future session.

When we receive your case, we will email you to confirm the date and time for your case presentation. Case presentation times may vary depending on the availability of the professional development presenter.

PLEASE NOTE: The MSU ECHO case consultations do not create or otherwise establish a relationship between any of the MSU ECHO experts or MSU ECHO staff and any participant whose case is being presented in a MSU ECHO setting.

1. Patient DOB:
2. Patient gender:
3. Patient race/ethnicity:
4. Prior medical or mental health diagnoses and age at diagnosis

Select to enter diagnoses

1. What are the patient’s primary symptoms?

Select to enter primary symptoms

1. What other settings does the patient attend or participate in? (school, daycare, etc.)

Select to enter settings

1. Does the patient have related Review of Systems/Symptoms (ROS) or Social HX (residence, foster care, trauma, ACES)?

Select to enter ROS/HX

1. What medications is the patient prescribed?

Select to enter prescribed medications

1. Does the patient have any relevant exams/labs/tests?

Select to enter exams/labs/tests

1. What consult questions would you like addressed with this patient?

Select to enter consult questions