

## Project ECHO for Perinatal Substance Use Disorder Patient Case Presentation

\*Please do not attach any patient-specific files or include any Protected Health Information

Please email completed form to: [echo@svsu.edu](mailto:echo@svsu.edu)

Date:  Presenter:  ECHO ID:

Have you presented this patient during this TeleECHO session before?  YES  NO

PLEASE STATE YOUR MAIN QUESTION FOR THIS PATIENT CASE:

- Requesting help with diagnosis     
  Help with medications     
  Help with non-medication treatment

**General Information:**

Age:  Gestational Age:  Gender:  Male  Female  Transgender

Education/Literacy:  Relationship Status:

Employment Status:  Housing Conditions:

**Insurance Type**

Medicare     
  Commercial     
  Medicaid     
  Self-pay     
  Unknown

**Criminal Justice System Status**

Parole/Probation     
  Specialty Court if yes, type: \_\_\_\_\_     
  None     
  Unknown

**Child Protective Services Status**

Current     
  Previous history of involvement     
  None     
  Unknown

**Substance Use**

**History of Overdose?**  Yes  No

Substance	Previous or Current History:
Opiates	
Alcohol	
Benzodiazepines	
Marijuana	
Cocaine	
Methamphetamine	
Nicotine	
Other	

Patient Strengths/protective factors	Adverse Childhood Events

**Current MAT Treatment**

Medication	Comments
Naltrexone (ReVia, Vivitrol)	
Disulfiram (Antabuse)	
Acamprosate (Campral)	
Methadone	
Buprenorphine (Suboxone, Zubsolv)	
Varenicline (Chantix)	
Bupropion (Zyban, Wellbutrin)	

**Current Medications**

Medication	Comments:

**Pertinent Medical History: - Previous pregnancies and any complications, gestational diabetes or HTN, maternal-fetal medicine referral, results of last ultrasound, etc.**

No. Full-Term Pregnancies \_\_\_\_\_       Hx of C-Section       Hx Natural Birth       Hx of Induction  
 No. of stillbirths \_\_\_\_\_      No. of miscarriages \_\_\_\_\_      No. of Pregnancy Terminations \_\_\_\_\_

**Labs- Include latest Urine Drug Screen and Infectious Diseases (STIs, Hep-C, etc.)**

**Prescription Drug Monitoring Program-pertinent findings:**

**Narcotic/Sedative/Stimulant Scores:**      **Overdose Risk Score:**

**Co-Occurring Mental Health Disorders**

Depression    Anxiety    Bipolar Disorder    Eating Disorder    Psychosis    Psych Hospitalizations    Suicide Attempts

**Intervention Engagement:**

Individual Therapy    Group Therapy    Family Therapy    Recovery Coach

**Proposed Diagnoses:**

**Patient Goals for Treatment:**

**Proposed Treatment Plan:**

**By initialing here \_\_\_\_\_ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a TeleECHO session.**