



Social Determinants of Health ECHO 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

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: Gender: Male Female Transgender Relationship status:

Education/Literacy: Housing Conditions:

Employment Status: Height/Weight:

Insurance Type

Medicare Commercial Medicaid Self-pay Unknown

Criminal Justice System Status

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

Basic Needs

	Current Need:
Housing	
Food	
Clothing	
Medical Care	
Behavioral Health Care	
Financial/employment	
Legal	
Childcare	

Patient Strengths/protective factors	Adverse Childhood Events



Current Medications

Medication	Comments:

Pertinent Medical History: - Accidents, TBI, Chronic Diseases, Chronic Pain, Surgeries, etc.

Co-Occurring Mental Health Disorders

Depression Anxiety Bipolar Disorder Eating Disorder Psychosis Psych Hospitalizations Suicide Attempts

Behavioral Health Intervention Engagement:

Individual Therapy Group Therapy Family Therapy Recovery Coach Other _____

Resources Referrals Completed:

Diagnoses: (if applicable)

Patient Goals:

Proposed 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.