

## Substance Use Disorder 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](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: <input style="width: 50px; height: 25px;" type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Relationship status: <input style="width: 150px; height: 25px;" type="text"/>
Education/Literacy: <input style="width: 250px; height: 25px;" type="text"/>	Housing Conditions: <input style="width: 200px; height: 25px;" type="text"/>	
Employment Status: <input style="width: 250px; height: 25px;" type="text"/>	Height/Weight: <input style="width: 200px; height: 25px;" type="text"/>	

**Insurance Type**

Medicare     
  Commercial     
  Medicaid     
  Self-pay     
  Unknown

**Criminal Justice System Status**

Parole/Probation     
  Specialty Court if yes, type: \_\_\_\_\_     
  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: - Accidents, TBI, Chronic Diseases, Chronic Pain, Surgeries, etc.**

**Labs- Include latest Urine Drug Screen and Infectious Diseases**

**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.