

ECHO ID #:

Extension for Community Healthcare Outcomes

Dementia teleECHO™ Clinic Case Presentation Form

Complete ALL ITEMS on this form and fax to 505-272-6906.

1. Patient First Name:	
2. Patient Last Name:	
3. Patient Birthday: (month/day/year)	
4. Patient Gender:	
5. Clinician Phone Number:	
6. Clinician Fax Number:	
7. Clinician Email:	
8. Clinic/Facility Name:	
9. Clinic/Facility City:	
When do you want to present your case? Date and approximate time?	

***When we receive your case, we will email or fax you a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.**

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO® setting.

Dementia TeleECHO Clinic

— CASE PRESENTATION FORM —



GENERAL INFORMATION

Date: _____ Presenter: _____ Clinical Site: _____
FIRST LAST

Patient Name: _____ ECHO ID: _____
FIRST LAST

Age: _____ DOB: _____ Gender: Male or Female

Check One: New Case or Follow-up Molina patient? Yes No

Occupation: _____ Educational Level _____

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?

Check all that apply (or relate to your main question) and fill in specifics:

- Specific symptom management (insomnia, wandering, paranoia, hallucinations, etc)
- Dementia specific treatment options _____
- Issues of Activities of Daily Living (ADLs) [[Click here for the form](#)]
- Issues of Instrumental Activities of Daily Living (iADLs) [[Click here for the form](#)]
- Determining the patient's diagnosis _____
- Agitation and/or aggression _____
- Advance care planning _____
- Inappropriate behavior _____
- Other(s) _____

Brief History of Present Illness (may attach a recent clinic progress note): _____

Psychiatric hospitalization: Yes No Number of times: _____

Current and Past Medical History (may attach a list): _____

Current meds and therapies (may attach a list): _____

Meds and therapies that have been tried in the past: _____

Social history: _____

REVIEW OF SYSTEMS

Please check all that apply:

- Insomnia Wandering Constipation Incontinence Anxiety
 Agitation Depression Drowsiness Other(s)

Physical Exam - Pertinent Findings:

Cognitive Screening Exam: Please attach findings

- SLUMS [[Click here for the form](#)]
 MMSE [[Click here for the form](#)]
 MoCA [[Click here for the form](#)]

MoCA Administration and Scoring Instructions [[Click here for the form](#)]

(MoCA©) is available from <http://www.parkinsons.va.gov/consortium/moca.asp>

- MINI-COG [[Click here for the form](#)]

Neuropsychology Testing (may attach a report):

Pertinent Labs and Imaging:

Patient's Decision Making Capacity: Decisional Not Decisional Not Sure

Other: _____ For non-decisional patient: decisions are made by: _____

Financial Concerns: No Not Sure Yes _____

Goals of Care: (What is important to the patient/family?) _____

Any other information that you think is important: _____

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO® setting.