

Substance Use Disorder ECHO Presentation Form

ECHO ID:

Basic Information:

Provider Name:	Presentation Date:
Clinical Site:	
Clinical Site Location (City, State):	
Patient gender:	
Patient age:	
Insurance status:	Specify insurance:
Is this patient currently employed?	
Is this patient currently homeless?	
Has this patient ever experienced homelessness?	
Is the patient currently in a controlled environment (ie: jail, residential, etc)?	
Has the patient ever been in a controlled environment (ie: jail, residential, etc):	
Date of patient's next scheduled appointment with you:	

3-4 sentence HPI/Case Summary:

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?
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Psychiatric Hx:

Psychiatric Diagnosis	Yes	Description
Depression		
Anxiety		
Mania/Hypomania		
Other		

PHQ-9 Score:	Date of survey:
Please select the option that best reflects this patient's current <u>mental health</u> status:	
<p><i>Hint: <u>Mental health</u> refers to a state of well-being in which an individual realizes his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her/his community.</i></p>	

Trauma Hx:

(Use PCL-5 to diagnose PTSD):

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Current Medications:

Medication Name	Dosage	Frequency

Prescribed morphine equivalents? (link to calculator [here](#)):

Overall Wellness Hx:

Please select the option that best reflects this patient’s current <u>physical health status</u> .
Please select the option that best represents this patient’s <u>social connectedness</u> .
<i>Hint: Social connectedness refers to an individual’s sense of belonging and/or closeness to others and is often characterized by the degree to which a person has/perceives a sufficient number and diversity of relationships</i>
Please select the option that best reflects this patient’s current <u>quality of life</u> .

What barriers to access/service has the patient described, if any?

What does the patient want or value from his/her medical care?

Substance Use HX:

Is this patient currently using illicit opioid drugs?
Is this patient currently misusing prescription opioid drugs?
Is this patient currently misusing other substances , including illicit drugs or alcohol?

Substance	Route	Frequency	Amount	Age of onset/duration

PDMP results:

Urine Drug Screen results:

Other pertinent labs and physical findings:

Substance Use Disorder Treatment Hx:

Is this patient currently receiving MAT ?
Is this patient currently retained on treatment?
Has this patient experienced any problems with treatment retention?

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a Project ECHO® setting. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

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Project ECHO DSM5 Substance Use Disorder Diagnosis Worksheet

Of the 11 criteria for a substance use disorder listed in DSM-V, how many criteria are met by this person's use of opioids, sedatives, cannabis, alcohol, tobacco, stimulants, or other substances? Consider each class of substance individually for the purpose of this exercise.

In the last 12 months:

	Opioids	Alcohol	Sedatives	Tobacco	Cannabis	Stimulants	Caffeine	Inhalants	Hallucinogens	Other
Using more, or for longer, than intended										
Persistent desire to cut down or stop, or repeated attempts to do so										
Too much time spent getting it, using it, or recovering from its use										
Craving										
Use results in not fulfilling role obligations										
Because of use, important activities are given up										
Despite social or interpersonal problems worsened by use, use continues										
Recurrent use in physically hazardous situations										
Knows use causes or worsens health problems (physical or mental), but continues to use										
Tolerance (taking as Rx?)										
Withdrawal (taking as Rx?)										
TOTAL										

Severity: 2-3=mild, 4-5=moderate, 6+=severe

Specify if: in early remission (3-12 months), in sustained remission (12+ months)

Specify if: in a controlled environment (jail, residential, other environment where access is restricted)

Please send completed case forms to:
 NPAIHB ECHO Fax # 888.462.3246
 Email: dstephens@npaih.org