

Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery Teams Case Presentation Form

Patient ECHO ID:

Basic Information:

Provider Name:	Presentation Date:
Agency Name:	City/State:
Patient gender:	Patient age:
Insurance status:	Specify insurance:
Is patient currently employed?	Is patient currently homeless?
Is patient currently in a controlled environment (e.g., jail, residential, etc.)?	
Is patient currently under legal supervision (e.g., parole officer, etc.)?	

Case Summary (3-4 sentences):

Behavioral Health History:

Diagnosed or Symptomatic:	Yes	Description
Depression	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	
Mania/Hypomania	<input type="checkbox"/>	
PTSD	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

PHQ-9:	GAD-7:
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Substance Use History:

Currently Using / Misusing:	Yes	Description
Illicit opioid drugs?	<input type="checkbox"/>	
Prescription opioid drugs?	<input type="checkbox"/>	
Other substances, incl. alcohol?	<input type="checkbox"/>	

Substance Use Disorder Treatment History:

Currently:	Yes	Description
Receiving Medications for Addiction Treatment (MAT)?	<input type="checkbox"/>	
Enrolled in treatment program or other recovery services?	<input type="checkbox"/>	

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

What does the patient want or value from their care? [Click here to enter text.](#)

Current Medications:

Medication Name	Dosage	Frequency

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

Identified Drug-Drug Interactions?

PDMP checked?

PDMP results:

Urine Drug Screen results:

Pregnant?

Other remarkable labs and/or physical findings:

Other pertinent information:

DESCRIBE YOUR MAIN QUESTION(S) ABOUT THIS PATIENT?