

MCH ECHO Presentation Form

ECHO ID: to be assigned by ECHO staff

Basic Information (for patient presentation)

Presenter Name:
Site:
Site Location (City, State):

Patient Presentation

Patient gender:				
Child Age:	Parent Age:			
Child Insurance status:	Parent Insurance Status:			
Current Living Situation:				
Height:	Weight:	Head Circumference:	BP:	Pulse:
Allergies:				
3-4 Sentence HPI:				
What is your main questions about this patient?				

Current Medications:

Medication Name	Dosage	Frequency

Systems Presentation

Situation:

Describe the current project/issue:

What are you working on? Are there any barriers, obstacles or challenges?

Notes (To be completed for both patient or system case presentation)

What worked well?

What opportunities for improvement did you identify?

PLEASE NOTE: By submitting this form, you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between an ECHO clinician and any patient whose case is being presented in a teleECHO session. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

**Please send completed case forms to
Jessica Rienstra by emailing:
ECHO@npaihb.org**