Substance Use Disorder

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	☐	
Anxiety	☐	
Mania/Hypomania	☐	
PTSD	☐	
Other:	☐	

PHQ-9:	**GAD-7:**

Substance Use History:

Currently Using / Misusing:	Yes	Description
Illicit opioid drugs?	☐	
Prescription opioid drugs?	☐	
Other substances, incl. alcohol?	☐	

Substance Use Disorder Treatment History:

Currently:	Yes	Description
Receiving Medications for Addiction Treatment (MAT)?	☐	
Enrolled in treatment program or other recovery services?	☐	

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.

Please complete form and email to Nicholas Cushman by emailing: ECHO@npaihb.org

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?

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