



Date: ____/____/____ **Presenter:** _____ **Tribal Affiliation:** _____
FIRST LAST CHECK HERE IF NONE:

Client Pseudonym: _____ **Gender:** _____ **Age:** ____ **Tribal Affiliation:** _____
CHECK HERE IF NONE:

ECHO ID: _____ **Check if follow-up to a previously presented case:**
ASSIGNED BY ECHO STAFF

Primary Question(s):

COMMUNITY

Psychosocial support, family resources, network of care

SPIRIT

Indigenous, cultural, spiritual, religious practices



BODY

Physical health, medications

MIND

Mental and emotional health, substance use

Care plan:

TO BE
COMPLETED
BY ECHO STAFF

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.

To submit a case for presentation, please send completed forms to Karin Dean at: ECHO@npaihb.org