

## Indian Country Oral Health ECHO Case Presentation Form

Presentation Date: \_\_\_\_\_ Site: \_\_\_\_\_ Clinician: \_\_\_\_\_ ECHO ID: \_\_\_\_\_

Patient Information	Patient Age:	Sex at Birth:	Male	Female	Gender Identity:
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**What is the primary question or concern regarding this patient’s dental care?**

**General health or medical condition(s) applicable to this patient’s dental care:**

**Social history (e.g., tobacco use, alcohol use, etc.):**

**Family history (e.g., heart disease, diabetes, etc.):**

**Current Medications:**

Medication name	Dosage	Frequency		Medication name	Dosage	Frequency

**List any imaging related to this patient’s dental care (e.g., photographs, radiographs, etc.):**

*\*Attach de-identified results, if available*

**Provide a description of the dental treatment history:**

**Describe the patient’s goals and priorities:**

**List any additional pertinent information about this patient (e.g., access to care, dental literacy, motivational interviewing, dietary history, habits, other circumstances, etc.):**

**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 Tacey Mason by emailing: [ECHO@npaihb.org](mailto:ECHO@npaihb.org)