

# Indian Country Emergency Medicine ECHO Case Form

Presentation Date: \_\_\_\_\_ Presenter Name: \_\_\_\_\_ Presenter Email: \_\_\_\_\_

**Patient Information:**

Sex at Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

**CHIEF COMPLAINT:**

**HPI/Mechanism of Injury:**

**Relevant PMH/PSH/FH:**

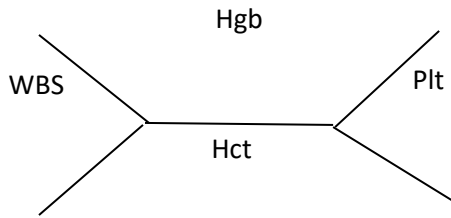
**Relevant ROS:**

**VS:** T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_ spO2 \_\_\_\_\_ on \_\_\_\_\_ Weight \_\_\_\_\_

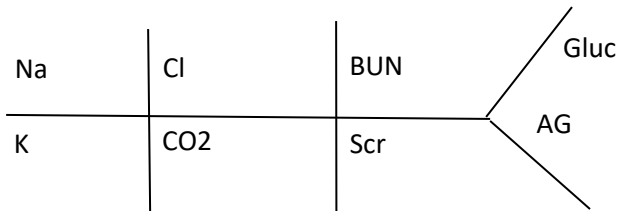
GEN	
HEENT	
LUNGS	
CV	
ABD	
EXT	
NEURO	
OTHER	

**Diagnostics:**

Labs



Other Relevant Labs:



<b>Radiology</b>	
<b>ECG</b>	

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**Potential discussion points for group (leave blank):**

Any questions?

Initial differential diagnoses?

Treatment/priorities and plan?

**Actual ED Course/Treatment:**

**Final Diagnoses:**

**WHAT ARE YOUR CLINICAL QUESTIONS FOR DISCUSSION?**

If Known, Insurance Information (for tracking purposes only):

Medicare       Medicaid      If NM patient, which Medicaid: \_\_\_\_\_

**Email Completed Form to [echo@npaihb.org](mailto:echo@npaihb.org)**

**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.