

Indian Country EMS ECHO

Case Form

Please submit completed case to echo@npaih.org



INDIAN + COUNTRY
ECHO

Presenter Name:		Date:
Presenter Role:		
Community:		
Does your question relate to a patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, go to section 1</i>
Does your question relate to a procedure within your practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, go to section 2</i>

Section 1:

Brief summary of presenting case:

Significant past medical history or co-morbidities:

Current medications (if relevant):

What help would you like from the panel?

Section 2:

Brief summary of presenting problem:

What help would you like from the panel?