

Rheumatoid Arthritis ECHO Case Presentation Form

Patient ECHO ID:

Basic Information:

Provider Name:	Presentation Date:
Agency Name:	City/State:
Patient gender:	Patient age:

Case Summary (3-4 sentences):

History of Present Illness:

Established diagnosis of RA?	Yes	No	Approximate date of RA diagnosis (if applicable):
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Serologic status, if known (RF, CCP, ANA):

Current RA regimen (including NSAIDs and other analgesics):
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Prior RA therapies:

In your opinion, how well controlled is this patient's RA currently?		Description
Well controlled	<input type="checkbox"/>	
Moderately active	<input type="checkbox"/>	
Very active/poorly controlled	<input type="checkbox"/>	
I'm not sure	<input type="checkbox"/>	
N/A	<input type="checkbox"/>	

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

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Brief summary of other relevant medical/surgical history?

Pertinent social history?

Pertinent family history?

Other medications:

Pertinent physical exam findings?

Pertinent remarkable labs and/or imaging findings (may also send de-identified attachments):

Other pertinent information:

DESCRIBE YOUR MAIN QUESTION(S) ABOUT THIS PATIENT?

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.

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