

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):

Prior RA therapies:

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



Please complete form and email to Nicholas Cushman at [ncushman@npaihb.org](mailto:ncushman@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?**