



HIV TeleECHO™ Clinic



Presentation Date:		Presenter/Site:			ECHO ID:	
Primary insurance:						
Secondary insurance:						
<input type="checkbox"/> New Case <input type="checkbox"/> Follow Up Case			<input type="checkbox"/> Clinical Question <input type="checkbox"/> Case Management Question			
Reason for Case Presentation						
Patient Information	Age:	Gender:	Race:	Hispanic: <input type="checkbox"/> Y <input type="checkbox"/> N	HIV Dx (yr):	
	HIV Transmission Risk: <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> Perinatal <input type="checkbox"/> HRH <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			Nadir CD4:	Current CD4 (%):	Current HIVRNA:
HCV Co-infection	HCV Transmission Risk: <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> Unprofessional Tattoo <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		HCV Dx (yr):	HCV Genotype:	HCV RNA:	BMI:
Medical History						
Mental Health History						
ARV and Genotype History						
Medication Allergies						
Current Medications						
Social History	Substance Use: <input type="checkbox"/> None prior <input type="checkbox"/> Remote Hx <input type="checkbox"/> Ongoing: _____ _____		Housing: <input type="checkbox"/> Housing Stable <input type="checkbox"/> Transitional <input type="checkbox"/> Unstable <input type="checkbox"/> Homeless _____		Employment: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Other: _____	
	Social Supports: <input type="checkbox"/> Religious Community <input type="checkbox"/> Social Clubs <input type="checkbox"/> Partnership <input type="checkbox"/> Close Friends <input type="checkbox"/> Family <input type="checkbox"/> Other: _____			Transportation: <input type="checkbox"/> Reliable Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> None <input type="checkbox"/> Other: _____		Ongoing Legal Issues: <input type="checkbox"/> Y <input type="checkbox"/> N _____
Additional Information for Clinical Case Presentations:						
Pertinent Physical Findings						
Pertinent Labs	Test/Date/Result	Test/Date/Result	Test/Date/Result	Test/Date/Result	Test/Date/Result	Test/Date/Result
Pertinent Imaging						

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.

Please attach any relevant genotype results to this form, and return completed form to the ECHO team.
Email: echo@npaih.org