

Project ECHO® (Extension for Community Healthcare Outcomes)

Indian Country ECHO Cardiac Initial Case Presentation Form

Presentation Date:

Site:

Clinician:

What is the primary question you have regarding this patient?

General Information/Demographics

Patient ECHO ID:	Age:	Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity:
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History of Present Illness: (Palliative, Provocative, Quality, Radiation, Severity, and Timing)	
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Past Medical History	
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Vital Signs and Focused Exam	
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EKG/ECG and Other Cardiac Studies	
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Current Medications:

Medication name:	Dosage:	Frequency	Medication name:	Dosage:	Frequency

Laboratory*

Basic Labs	Date	Results	Basic Labs	Date	Results	Other Labs	Date	Results
WBC			Alk Phos			Cholest, Tot		
HGB			AST			HDL		
HCT			ALT			LDL		
Platelets			T. Bili			VLDL		
Creatinine			Direct Bili			Triglycerides		
Prottime/INR								
Total Prot								
Albumin								

*Note all labs are not necessary

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.

To submit a case for presentation, please send completed forms to Jessica Rienstra at: ECHO@npaih.org