

Indian Country ECHO Dermatology 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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What is the working diagnosis? (Include location/site, and how long the patient has had this condition)	
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What previous procedures and/or diagnostic tests were performed?	
	<i>E.g. biopsy, cryotherapy, injection, KOH, scabies prep, culture, etc.</i>

What therapies have been tried? What has made the patient better? Or worse?	
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Relevant past medical, social, and/or family history	
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Current Medications:

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

Please list all medication and non-medication allergies	
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Is there any other relevant information that you would like to include?	
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[If there are there any photos/images you would like to include with this case, de-identified, HIPAA compliant tests and imaging may be emailed to echo@npaih.org](mailto:echo@npaih.org)

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.