

Indian Country Dementia ECHO Form

ECHO ID:

Basic Information:

Provider Name:	Presentation Date:
Agency Name:	City/State:

Current or proposed services:

Describe the situation or challenge your practice has experienced addressing care, treatment and services from a systems- or population-level. This could be related to administrative, scope of practice, workflow, referral, or other hurdles.

Situation: Please describe the current state of the system.

Background: Please provide any additional information related to the situation or overall context.

Assessment: Please state your current view on the situation.

Requst: Please state your main questions or concerns.

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 complete form and email to Jessica Rienstra at: ECHO@npaihb.org