NPAIHB
Indian Leadership for Indian Health

INDIAN + COUNTRY ECHO

Dementia ECHO Case Form

**Patient ECHO ID:** 

## Basic Information:

| Provider Name: | Presentation Date: |
|---|---|
| Agency Name: | City/State: |
| Patient gender: | Patient age: |
| Insurance status: | Financial concerns? |
| Native language speaker? | Is patient **currently** employed? |
| Patient's decision making capacity: | If non-decisional, decisions made by: |
| Does patient have history of military service? | |
| Is patient **currently** living in a controlled environment? | |
| Is patient **currently** under legal supervision? | |

## Behavioral Health History:

| Diagnosed or Symptomatic: | Yes | Description |
|---|---|---|
| Depression | ☐ | |
| Anxiety | ☐ | |
| Mania/Hypomania | ☐ | |
| Agitation | ☐ | |
| Insomnia/Drowsiness | ☐ | |
| Wandering | ☐ | |
| PTSD | ☐ | |
| Other: | ☐ | |

| Has patient been hospitalized? | ☐ | |
|---|---|---|
| **PHQ-9:** | | **GAD-7:** |

**Case Summary (3-4 sentences):**

## Cognitive Screening Exams

| Exam | Yes | Findings |
|---|---|---|
| SLUMS | ☐ | |
| MMSE | ☐ | |
| MoCA | ☐ | |
| Mini-Cog | ☐ | |

**Goals of Care (What is important to the patient/family?):**

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



Rev. March 2023

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## Current Medications:

| Medication Name | Dosage | Frequency |
| --- | --- | --- |
| | | |
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| | | |

**OTC/Herbals?**

**Prescribed morphine equivalents? (link to calculator here):**

**Identified Drug-Drug Interactions?**

**Remarkable labs, imaging, and/or physical findings:**

**Other pertinent information:**

| **DESCRIBE YOUR MAIN QUESTION(S) ABOUT THIS PATIENT?** |
| --- |

## Check all that apply (or relate to main question) and fill in the specifics:

| Area(s) of concern | Yes | Description |
| --- | --- | --- |
| Specific symptom management (e.g., insomnia, wandering, paranoia, hallucinations, etc.) | ☐ | |
| Dementia specific treatment options | ☐ | |
| Issues of Activities of Daily Living (ADLs) | ☐ | |
| Issues of Instrumental Activities of Daily Living (iADLs) | ☐ | |
| Determining the patient's diagnosis | ☐ | |
| Agitation and/or aggression management | ☐ | |
| Advance care planning | ☐ | |
| Behavior management | ☐ | |
| Other(s) | ☐ | |

***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**