

ECHO ID:

Basic Information:

Clinician:	Presentation Date:
Facility or Community:	City/State:

Please describe the current situation or challenge associated with Violence Prevention or Adverse Childhood Experiences (ACEs) using the format below. This could be focused on an individual, family, community, or practice setting. The situation or challenge may be related to any of the following components: understand, prevent, screen, treat, and heal.

Situation: Please describe the current situation.

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 proposal(s), question(s) or concern(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.