NPAIHB Indian Leadership for Indian Health

INDIAN + COUNTRY ECHO

Patient ECHO ID:

Presenter Information:

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

Patient Information:

Gender Identity:	Age:
Height:	Weight:
BMI:	Pregnancy Status:

Pertinent Medical/Surgical History:

Family History:

Social History:

Travel History and Exposures:

Relevant Medical Diagnoses:

Diabetes Mellitus	☐	Substance Use Disorder:	☐
Asthma	☐	Joint Replacement:	☐
Connective Tissue Disease	☐	Solid Organ Transplant:	☐
HIV	☐	Cancer:	☐
Other(s):			☐

Case Summary:

Chief Complaint:

Diagnosis and Date:

Previous and Current Course of Antibiotics:

Treatments Other Than Medications:

Please complete form and email to Nicholas Cushman at ECHO@npaihb.org.

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Current Medications:

Medication Name	Dosage	Frequency

Identified Drug-Drug Interactions:

Laboratory/Physical/Imaging:

Lab	Date	Result		Lab	Date	Result
WBC				BUN		
RBC				RPR		
HGB				CRP		
HT				Procalcitonin		
Platelets				Other:		
Protime/INR				Other:		
Creatinine				Other:		

Known Allergies:

Culture Data (Blood, Urine, Sputum):

Urinalysis:

Imaging:

Remarkable Physical Findings:

Remarkable Review of Systems:

Other Pertinent Information:

DESCRIBE YOUR MAIN QUESTION(S) ABOUT THIS PATIENT?

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