

**Infectious Disease ECHO Case Presentation Form**

**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	<input type="checkbox"/>	Substance Use Disorder:	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Joint Replacement:	<input type="checkbox"/>
Connective Tissue Disease	<input type="checkbox"/>	Solid Organ Transplant:	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Cancer:	<input type="checkbox"/>
Other(s):			<input type="checkbox"/>

**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](mailto: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:		
Prottime/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?**

*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 Nicholas Cushman at [ECHO@npaihb.org](mailto:ECHO@npaihb.org)**