NPAIHB
Indian Leadership for Indian Health

Syphilis ECHO Case Presentation Form

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:

Clinical Information:

Diagnosis Date: _____

Did the patient have any symptoms? ☐ Yes ☐ No ☐ Unknown

If <u>symptomatic,</u> what stage of the syphilis was patient diagnosed at? (check all that apply): ☐ Primary ☐ Secondary ☐ Neurosyphilis ☐ Other (specify):	If asymptomatic, what stage of syphilis was patient diagnosed at? (check all that apply): ☐ Early latent syphilis (infection acquired<1 yr ago) ☐ Late latent syphilis (infection acquired>=1 yr ago) ☐ Latent syphilis of unknown duration ☐ Other(specify):
Does the patient have sex with: Has the patient exchanged money for sex and/or drugs? Has the patient had sex while intoxicated and/or high? Has the patient travelled out of the state in the last year? Has the patient been incarcerated in the last six months? Other risk factors:_____	☐ Men ☐ Women ☐ Both ☐ Unknown ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown ☐ Yes (specify):_____ ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown

Pertinent Medical/Surgical History:

Family/Social History:

STI History and STI Treatment History:

Vaccine History: (Hep A/B, HPV, etc)

Substance Use History:

☐ None ☐ Remote **☐ Ongoing:_____**	**Needle Sharing:** **☐ Yes ☐ No**	**Needle Exchange Program:** **☐ Yes ☐ No**

Sexual History:

History of assault: **☐ Yes ☐ No**	**☐ Oral ☐ Vaginal** **☐ Anal ☐ Penile**	**☐ Receptive ☐ Insertive** **☐ Versatile**	**Condom Use:** **☐ Never ☐ Sometimes ☐ Always**
Partner STI Status: **☐ Positive ☐ Negative** **☐ Unknown**	**Partner IDU Status:** **☐Positive ☐ Negative ☐ Unknown**	**Relationship:** **☐ Monogamous ☐Polyamorous ☐ Open** **☐ Other:_____**	

Please complete form and email to Jessica Rienstra by emailing: ECHO@npaihb.org

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Case Summary:

Chief Complaint:

Current Medications:

Medication Name	Dosage	Frequency

Identified Drug-Drug Interactions:

Laboratory/Physical/Imaging:

Lab	Date	Result		Lab	Date	Result
HIV Screen				HCV Ab		
HIV Viral Load				HCV Viral Load		
T. pal Ab (RPR)				HBSAb		
GC/Chl x3				HBSAg		
UA				HBV Core total Ab		
Urine HCG				HAV total Ab		
Creatinine				Other:		

Known Allergies:

Remarkable Physical Findings:

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.

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