

Extension for Community Healthcare Outcomes

Chronic Pain and Headache Management TeleECHO™ Clinic Case Presentation Form

Complete ALL ITEMS on this form and fax to 505-272-6906.

***Required items.**

1. Patient First Name*:	
2. Patient Last Name*:	
3. Patient Birthday*: (month/day/year)	
4. Patient Gender*:	
5. Patient Home Zip Code:	
6. Provider Phone Number:	
7. Provider Fax Number:	
8. Provider Email:	
9. Clinic/Facility Name and City*:	
When do you want to present your case? Date and approximate time?	

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO® setting.

When we receive your case, we will email you with a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.

The information in this FAX message is privileged and confidential. It is intended only for the use of the recipient at the location above. If you have received this in error, any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this message in error, please notify UNM Project ECHO at 505-750-3246 immediately.



Chronic Pain & Headache Management TeleECHO™ Clinic Case Presentation Form

ECHO ID: _____

Date Presented: _____

What is your question about this case?

Current Medications (please include dose and frequency):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Please list 2 presenting symptoms:

1.

2.

Please list 2 physical findings:

1.

2.

*Please fax any relevant laboratory data and/or radiology reports with your case presentation template.

**Please be prepared to answer questions about the following topics during your case presentation on the ECHO network:

- | | |
|---------------------------------------|-------------------------|
| • Treatment modalities tried thus far | • Substance use |
| • Patient's level of function | • Medical Comorbidities |
| • Sleep habits | • Social Support |
| • Psychiatric symptoms | |

*** If this is a follow up case please share any new information since your last presentation.