



CASE PRESENTATION TEMPLATE

Behavioral Health in Primary Care



University of Nevada School of Medicine
PROJECT ECHO
CONNECTING NEVADA'S COMMUNITIES TO SPECIALTY CARE

Date: _____ Your Name: _____ Your Location _____

WHAT IS YOUR GOAL FOR THIS CONSULT?

Patient Name: _____ DOB: _____

Check One: ☐ New Patient ☐ Follow-up

Gender: ☐ Female ☐ Male Occupation: _____

Alcohol Use? ☐ No ☐ Yes Quantity: _____ Current Smoker: ☐ Yes ☐ No

Drug use (illicit), name and frequency: _____

Current and past medical
history: _____

Current and past behavioral and medical therapies: _____

Current and past behavioral health history including
hospitalizations: _____

Current and past criminal justice system
involvement: _____



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Medications:

Patient Name: _____ DOB: _____

Pertinent Family History:

Other pertinent history inc.

laboratory, imaging, etc.. _____

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