

Extension for Community Healthcare Outcomes

Chronic Pain and Opioid Management TeleECHO Clinic (ECHO Pain) 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*, refer to categories:	
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 & Opioid Management TeleECHO Clinic (ECHO Pain)

Patient Case Presentation Date: _____ Presenter: _____ ECHO ID: _____

Molina Patient: _____ New Case: _____ Follow-up: _____ Age: _____

<u>Gender:</u>	<u>Gender:</u>	<u>Gender:</u>
Cis Female: _____	Cis Male: _____	Intersex: _____
<u>Gender:</u>	<u>Gender:</u>	<u>Gender:</u>
Trans Female: _____	Trans Male: _____	None: _____

Please fill in the gender if not represented: _____

PLEASE STATE YOUR QUESTION FOR THE ECHO PAIN NETWORK:

- | | |
|------------------------------------|--------|
| Help with diagnosis | Height |
| Help with medications | Weight |
| Help with non-medication treatment | BMI |

Please check if applicable

<u>Pain Descriptor:</u>	<u>Location:</u>	<u>Proposed Pain Diagnosis:</u>
Burning	Head	Peripheral Neuropathy
Aching	Face	Facet Arthropathy
Sharp	Neck	Myofascial Pain Syndrome
Dull	Chest	Complex Regional Pain Syndrome
Constant	Upper Back	Tension Headache
Intermittent	Lower Back	Migraine Headache
Numbness/tingling (Paresthesia)	Abdomen	Rheumatoid Arthritis
	Pelvis	Osteoarthritis
	R Upper Extremity	Visceral Pain
	L Upper Extremity	Systemic Lupus Erythematosus
	R Lower Extremity	Other:
	L Lower Extremity	
	Other:	

Screening/Assessment Tool Scores (list any that apply):

PHQ-9:	SOAPP-R/ORT:	Other:
GAD-7:	COMM:	

Medications tried in past, please give dose if known during clinic

NSAIDs	Membrane Stabilizers	Opioids	Muscle Relaxants	TCA/SNRI
Naproxyn Aspirin Ibuprofen Acetaminophen Meloxicam Celecoxib	Gabapentin Pregabalin Carbamazepine Valproate	Short-Acting Long-Acting Aberrant Behaviors?	Baclofen Cyclobenzaprine Methocarbamol Tizanadine	TCA Venlafaxine Duloxetine Milnacipran

Please check if applicable

Non-pharmacological Interventions Tried:	TRIED?	HELPFUL?
Physical Therapy		
TENS		
Water Therapy		
Acupuncture		
Chiropractic/Osteopathic		
Relaxation Strategies		
Counseling/Psychology		
Massage		
Yoga/Tai Chi Chuan		
Other:		

Invasive Interventions Tried:	TRIED?	HELPFUL?
Epidural Steroid Injection		
Medial Branch Block		
Radiofrequency Ablation		
Trigger Point Injection		
Selective Nerve Block		
Surgical Pain Control (specify procedure):		
Spinal Cord Stimulator		
Intrathecal Pump		
Botulinum Toxin		
Other:		

History of Suicide attempt: If yes, date of last attempt and any other relevant information :

Yes No

Current Medications:

(Attach a medication list if possible)

- 1.
- 2.
- 3.
- 4.

Medical Comorbidities:

- 1.
- 2.
- 3.
- 4.



PDMP checked: Yes _____ No _____ Pertinent Findings: _____

Radiology, laboratory, or other diagnostic testing; Check if applicable:

MRI/CT/XRAY/Ultrasound performed:	UDM performed:
EMG/NCV Performed:	CRP performed:
Rheumatoid Factor performed:	LFTs:
ANA performed:	

Goals for treatment:

- 1.
- 2.
- 3.
- 4.

Proposed Treatment Plan:

- 1.
- 2.
- 3.
- 4.