



CASE PRESENTATION FORM

Chronic Pain and Opioid Management TeleECHO™ Clinic (ECHO Pain)

Please complete ALL ITEMS on this form and fax to (505) 272-6906

*Items marked * are required for completion of this form.*

Patient First Name*

Patient Last Name*

Patient Birthday*

Patient Gender*

(refer to categories)

Patient Home Zip Code

Provider Phone Number

Provider Fax Number

Provider Email

Clinic/Facility Name*

Clinic/Facility City*

**When do you want to present
your case? Date and
approximate time?**

Please note that ECHO Institute™ 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 ECHO Institute 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 ECHO Institute at (505) 750-3246 immediately.

Presentation Date

Presenter

ECHO ID

Molina Patient?

Yes

No

Case Type

New case

Follow-up

Patient Gender

Cis female

Cis male

Other

Trans female

Trans male

Intersex

None

Patient Age

Patient Height

Patient Weight

Patient BMI

Please state your question for the ECHO Pain Network

Specific requests

Help with diagnosis

Help with medications

Help with non-medication treatment

Please check if applicable

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

Screening/Assessment Tool Scores

PHQ-9:

GAD-7:

SOAPP-R/ORT

COMM

Other

Medications tried in the past

NSAIDs

Naproxyn
Aspirin
Ibuprofen
Acetaminophen
Meloxicam
Celecoxib

Membrane Stabilizers

Gabapentin
Pregabalin
Carbamazepine
Valproate

Opioids

Short-acting
Long-acting

Muscle Relaxants

Baclofen
Cyclobenzaprine
Methocarbamol
Tizanadine

TCA/SNRI

TCA
Venlafaxine
Duloxetine
Milnacipran

Aberrant behaviors on opioids?

Please give doses if known during clinic

Non-pharmacological interventions tried

Physical Therapy
TENS
Water Therapy
Acupuncture
Chiropractic/Osteopathic
Relaxation Strategies
Counseling/Psychology
Massage
Yoga/Tai Chi Chuan
Other

Invasive interventions tried

Epidural Steroid Injection
Medial Branch Block
Radiofrequency Ablation
Trigger Point Injection
Selective Nerve Block
Surgical Pain Control
Spinal Cord Stimulator
Intrathecal Pump
Botulinum Toxin
Other

Of the methods tried listed above, were any helpful? Which?

History of Suicide Attempt?

If yes, date of last attempt and other relevant information

Yes

No

Current Medications (Attach a medication list if possible)

Medical Comorbidities

PDMP Checked

Yes

No

Pertinent Findings

Tests Performed

MRI/CT/XRAY/Ultrasound

EMG/NCV

Rheumatoid Factor

ANA

UDM

CRP

LFTS

Goals for Treatment

Proposed Treatment Plan