

**ECHO Health Networks**

**Case Presentation Form**

**Please complete ALL ITEMS on the form and email to UW ECHO at**

**projectecho@uwyo.edu****.**

**Thank you.**

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| **Presentation Information** |
| UW ECHO Network:  | Choose an item. |
| Presentation occurrence: | Please, select one |
| Case type: | Please, select one |
| Presenter’s first and last name: | Select to enter first and last name |
| Presenter’s phone number: |  Select to enter phone number |
| Presenter’s email address: |  Select to enter email address |

When we receive your case, we will email you to confirm the date and time for your case presentation. Case presentation times may vary depending on the availability of the professional development presenter.

PLEASE NOTE: The UW ECHO case consultations do not create or otherwise establish a relationship between any of the UW ECHO experts or UW ECHO staff and any participant whose case is being presented in a UW ECHO setting.

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| \*\*\*OFFICE USE ONLY\*\*\* |
|  |  | ECHO ID: | Click here to enter text. |
|  |  | Date: | Click here to enter a date. |

**Presenting your case:**

**Before the Session**:
 ● Fill out this form and email to projectecho@uwyo.edu.
 ● An ECHO network coordinator will work with you to schedule a date and provide any additional information.

**During the Session**:
 ● After the session presentation, the facilitator will introduce you and provide time to present your case to the network. The facilitator will ask if there are any questions, clarifications, or recommendations.

**After the Session**:
 ● The ECHO team will create a feedback document outlining recommendations and resources within two weeks of the case presentation.
 ● You will be invited to share an update of your case to the network on a future session.

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| **Case Information** |
| 1. What is your professional role (check all that apply)?
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| Check all that apply:

|  |  |
| --- | --- |
|[ ]  Case Manager  |[ ]  Nurse  |
|[ ]  Counselor  |[ ]  Peer Specialist  |
|[ ]  Court Supervised Treatment Staff  |[ ]  Psychologist |
|[ ]  Educator  |[ ]  Psychiatrist |
|[ ]  Family Nurse Practitioner |[ ]  Psychiatric Nurse Practitioner  |
|[ ]  Judicial System Representative |[ ]  Social Work |
|[ ]  Law Enforcement |[ ]  Other: Select to enter other |

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1. Please provide an overview of the case?

Select to enter the current status

1. Please identify the primary concern and goal for this case presentation.

Select to enter primary concern and goal

1. Describe contributing factors that may have kept the individual or program from progressing to the desired level.

Select to enter contributing factors

1. **For Individual Cases Only**:

What are the strengths, common triggers, stressors, and/or factors related to the priority concern?

Select to enter common triggers, stressors and/factors

1. **For Program Cases Only**:

What are the strengths, challenges, opportunities, and threats of your program?

Select to enter strength, challenges, opportunities, threats, etc.

1. What are some of the integrative care strategies that have been tried with this client, and how successful have they been?

Select to enter integrative care strategies

1. Comments or additional background narrative.

What else should the team know in order to provide feedback and recommendations?

Select to enter contributing factors