

**Integrative Care: Primary Care and Mental Health**

**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** |
| 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 |
| Proposed dates for initial case presentation: | Please, select three dates below |
| First proposed date preference: |  Select to enter a date. |
| Second proposed date preference: |  Select to enter a date. |
| Third proposed date preference: |  Select to enter a date. |

When we receive your case, we will email you a confidential identification number (ECHO ID) and confirm date and time for the case presentation. The provided ECHO ID must be utilized when identifying this case presentation during the ECHO Session. Case presentation times may fluctuate depending on the availability of the professional development presenter. Times will be confirmed when the ECHO ID is assigned.

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. |

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| **Case Information** |
| 1. What is your professional role (check all that apply)?
 |
| 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. What is the current status of the individual or program?

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 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

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