



UW ECHO® in Rural/Frontier Care Transitions
 University of Wyoming
[WyCOA ECHO Clinics](#)



Phone (307) 766-2829 | Fax (307) 766-2763

Mountain Pacific Quality Health

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UW ECHO® in Rural/Frontier Care Transitions Network Case Presentation Form

Complete ALL ITEMS on this form and fax to (307) 766-2763 or email to wycosa@uwyo.edu

*When we receive your case, we will email or fax you a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any Wyoming Rural/Frontier Care Transitions ECHO clinician and any patient whose case is being presented in a Project ECHO® setting.

Presenting a case is an opportunity to receive best-practice recommendations for consideration in management of their patients by presenting their challenging cases in the coordination of care for discussion and feedback to a network of colleagues in the bi-state region as well as a specialist care team.

ECHO ID Number:

Patient Information	
New Patient <input type="checkbox"/> Follow Up <input type="checkbox"/>	
Patient Age:	
Patient Gender:	
Clinician Phone Number:	
Presenting Spoke Site Information	
Clinic/Facility Name; Location:	
Clinic/Facility Contact/email:	
Referring Physicians Name:	
PRIMARY QUESTION	
What is your primary question about this patient?	

Date: _____

Primary Medical Diagnosis:	
Brief history of current illness / situation:	
What services or support are available for the patient? (Hospital, HHA, palliative care, SNL, senior center, public health, hospice, mental health, etc.)	
What services and support have been offered to the patient?	
Has the patient refused any support or services? Why?	Yes No
	Why?
Who has been involved or consulted in the care of the patient? Is that information available?	Information /records available? Yes No
Is there a line communication between all services and support entities?	Yes No
Is the patient's family or friends involved with the care of the patient?	Yes No
Has the patient and family been asked what their goals of care are?	Yes No
What are the goals of care?	
Are the goals realistic?	Yes No
What are the barriers to reaching those goals?	

Does the patient have history of mental illness?	Yes No
Are there any functional deficits? (ADLs, transportation, etc.)	Yes No
	Explain:
Does the patient have issues with health literacy? Education?	Yes No
Does the patient have a history or is non-adherent to plan of care? Why?	Yes No
	Why?
Does the patient have repeating physician, hospital or ED visits?	Yes No
	Dates of most recent visit:
Where is the patient at in the stage of his/her disease process? If end stage, has there been an end of life discussion?	
Does the patient demonstrate understanding and adherence to all prescribed medications? Med Rec? Where?	Yes No
What is the patient current living situation? Lives alone? Family /friend? SNL? ALF? Other?	
Has the patient's current living situation been assessed?	Yes No
Are there financial concerns or low socioeconomic status with this patient – stated or observed?	Yes No
What barriers exist in the coordination of care for the patient at this time?	
What needs to change in the process to assist in optimal care for this patient?	
Any other information that you think is important:	

You may attach any recent clinical notes or records that would be helpful – PLEASE DE-IDENTIFY