



UW ECHO® in Geriatrics Network
 University of Wyoming
[WyCOA ECHO Clinics](#)
 Phone (307) 766-2829 | Fax (307) 766-2763



UW ECHO® in Geriatrics Network Case Presentation Form

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-case relationship between any UW ECHO in Geriatrics clinician and any person whose case is being presented in a Project ECHO® setting.

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 Network ID number (ECHO ID) that must be utilized when identifying your person/case during clinic.

ECHO ID Number:

Date: _____

WHAT IS THE MAIN QUESTION ABOUT THIS PERSON YOU WANT HELP WITH?

Individual's Information:	
New Presentation <input type="checkbox"/>	Follow Up <input type="checkbox"/> (Case #: _____)
Person's Age:	
Person's Gender:	
Presenting Spoke Site Information:	
Organization Name & Location:	
Organization contact/email:	
Presenter Name/title/Credentials:	

MEDICAL HISTORY

Fill in specifics if applicable:

List of medical problems/diagnoses (can attach documentation):

Brief History of Present Illness (may attach a recent clinic progress note):

LIFE HISTORY:

➤ Current Living Situation _____

PAST LIFE ACTIVITIES/INTERESTS

➤ Current/previous occupation _____
➤ Educational Level _____
➤ Life Interests (hobbies, skills, talents): _____

Advance care plan on file? Yes No. Details: _____

Family Conference Documented? Yes No. Details _____

History of falls? Yes No. Injury? Yes No. Please describe: _____

Current medications and therapies (may attach a list): _____

Medications and therapies that have been tried in the past: _____

Check all that apply:

Needs help with Activities of Daily Living (ADLs) specify: _____

Needs help with Instrumental Activities of Daily Living (iADLs) specify: _____

Current Problem Behaviors (e.g. Agitation, aggression, resistance to care, inappropriate behavior): _____

Substance use history(Circle): ETOH Opioids Nicotine Caffeine Cannabis NONE Other: _____

Pain? Yes No. Details _____

Sleep Problem? Yes No. Details _____

Other? _____

REVIEW OF SYSTEMS

Please check all that apply:

Wandering Constipation Incontinence Anxiety Hearing Loss Depression

Vision Impairment Other(s): _____

Physical Exam- Pertinent Findings:

Cognitive Screening Exam: Please attach findings if available

SLUMS Notes: _____

MMSE Notes: _____

MoCA Notes: _____

MoCA©) is available from <http://www.parkinsons.va.gov/consortium/moca.asp>

MINI-COG Notes: _____

Neuropsychology Testing (may attach a report):

Pertinent Labs and Imaging (may attach a report):

Person's Decision Making Capacity: Decisional Not Decisional Not Sure

Other: _____ For non-decisional person: decisions are made by: _____

Financial Concerns: No Not Sure Yes _____

Goals of Care: (What is important to the person/family?) _____

Any other information that you think is important: _____

REMINDER: You will have 20 minutes to present your case to the echo, and this case form/additional materials will be given to those on the network to review ahead of time. When presenting be brief to allow discussion.

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