

Behavioral Health Case Presentation Form



Please complete **ALL ITEMS** on the form and email to UW ECHO at
projectecho@uwyo.edu.

Thank you.

Presentation Information

Presentation occurrence:

Case type:

Presenter's first and last name:

Presenter's phone number:

Presenter's email address:

Proposed dates for initial presentation:

First proposed date:

Second proposed date:

Third proposed 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.

OFFICE USE ONLY

ECHO ID:

Date:

Case Information

1. What is your professional role (check all that apply)?

Check all that apply:

- | | | |
|-----------------------------------------------------------|---------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Case manager | <input type="checkbox"/> Judicial System Representative | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Prescriber |
| <input type="checkbox"/> Court Supervised Treatment Staff | <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Peer Specialist | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Other: | | |

2. What is the current status of the individual or program?

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

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

5. **For Individual Cases Only:**

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

6. **For Program Cases Only:**

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

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

8. Comments or additional background narrative.

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

OFFICE USE ONLY

ECHO ID:

Date:

Updated: