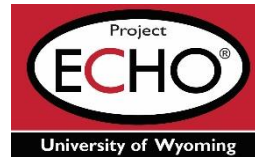




UW ECHO® in Geriatrics Network
 University of Wyoming
[WyCOA ECHO Clinics](#)
 Phone (307) 766-2829 | Fax (307) 766-2847



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) 766-2847 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):

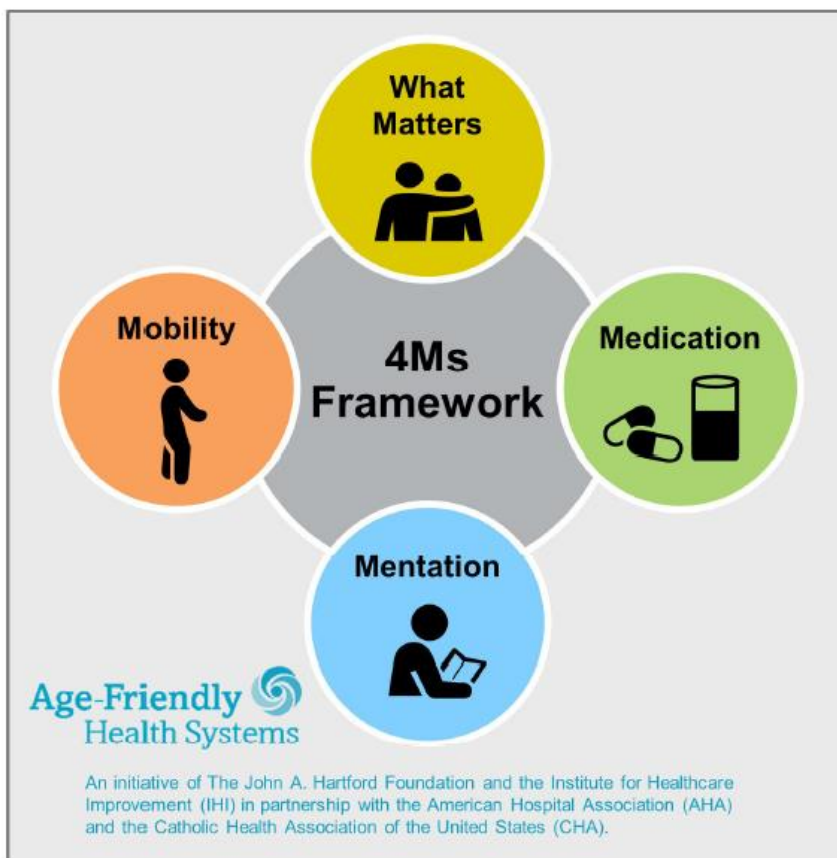
Brief History of Present Illness (may attach a recent clinic progress note):

Please check all that apply:

- Wandering Constipation Incontinence Anxiety Hearing Loss Depression
- Vision Impairment Other(s): _____

4 Ms FRAMEWORK:

Figure 1. 4Ms Framework of an Age-Friendly Health System



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

What Matters: Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care:

GOALS OF CARE/PAST LIFE ACTIVITIES/INTERESTS:

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

- Current Living Situation: _____

- Current/previous occupation: _____

- Educational Level: _____

- Life Interests (hobbies, skills, talents): _____

- Spiritual/Religious Resources: _____

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

- Family Conference Documented? Yes ___ No ___. Details _____

- Financial Concerns? Yes ___ No ___ Not Sure ___. Details: _____

Medication: If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care:

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

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

Mentation: Prevent, identify, treat, and manage dementia, delirium, and depression across settings of care.

Cognitive Screening Exam: Please attach findings if available

— SLUMS. Notes: _____

— MMSE. Notes: _____

— MoCA. Notes: _____

— 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 ___

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

- 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: _____

Mobility: Ensure that each older adult moves safely every day to maintain function and do What Matters.

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

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

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

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 Hub Team to review ahead of time. When presenting be brief to allow discussion.

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.