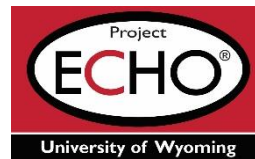




UW ECHO® in Geriatrics Network
University of Wyoming
WyCOA ECHO Clinics
Phone (307) 766-2829 | Fax (307) 766-2847



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 wycoa@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.

Date: _____ Case ID: _____

Case Presenter Name/Credentials, Organization, and Contact Info: _____

Case Information: Age: _____ Gender: _____ New Case (Y/N): _____ Follow-up Case? (Y/N) _____ ID # _____

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

Empty box for main question

Please check all that apply:

- Checkboxes for Symptom Management, Advanced Care Planning, Incontinence, Constipation, Determining the persons diagnosis, Agitation and/or aggression, Depression, Inappropriate Behavior, Dementia Specific Treatment options, Issues of ADLs and iADLs, Sensory loss, Pain, Sleep Problems, and Other.

Additional information as related to your main question:

Empty box for additional information

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):

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. Please provide any of the following information you have at this time.

GOALS OF CARE/PAST LIFE ACTIVITIES/INTERESTS:

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

➤ Goals of Care (What is important to the Care Team?):

➤ 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. Please provide any of the following information you have at this time.

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. Please provide any of the following information you have at this time.

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 a 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: _____
- Other: _____

Mobility: Ensure that each older adult moves safely every day to maintain function and do What Matters. Please provide any of the following information you have at this time.

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

- Please describe any issues with mobility and any adaptive equipment or measures: _____

REMINDER: You will have 20 minutes to present and discuss your case with the network.

Please note:

- This case form/additional materials will be given to the Hub Team to review ahead of time. When presenting be brief, about a 5-10 minute summary, to allow discussion.
- UW ECHO® in Geriatrics Format:
 - 12:00pm-12:05pm: Introductions & welcome
 - 12:05pm-12:30pm: 25 minute community discussion
 - 12:30pm-12:55pm: 25 minute case presentation**
 - 12:55pm-1:00pm: Closing & evaluations

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