Children's of Alabama Behavioral Health Project ECHO/Case Presentation Form

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a Project ECHO® setting. Do not share any confidential patient information (name, etc.) when identifying your patient during the ECHO session.

Please complete to the best of your ability as we understand you may not have all of the information requested.

Case Number (completed by staff):
Presenting Provider Name:
Clinic/Practice Name:

What is your main question about this patient for the Child ECHO clinic?

DEMOGRAPHIC INFORMATION:

	Male		Female		Prefer to self-identify

Patient Age:	**Height:**	**Weight:**	**Recent Change in Weight:**

Ethnicity:

	White, non-Hispanic/Latino		Hispanic/Latino
	Native Hawaiian/Other Pacific Islander		Black/African American
	American Indian/Alaska Native (AI/AN)		Asian
	Other (please specify)		

BEHAVIORAL/MEDICAL HISTORY:

How long has the child been in your care?

Child's current diagnosis(es) and age of onset (if there is one):

Has a screening tool been used?

History of Presenting Problem:

Current Medications:

Medication	Dose/Duration	Reason for Medication	Helpful/Not Helpful

Pertinent Past Medications:

Medication	Max. Dose/Duration	Reason for Discontinuation

Interventions (place an X by all that apply):

	Occupational		Physical		Case Management		Psychotherapy – specify type (if known)
	Speech		ABA		School Interventions		Other (specify)

Psychiatric Hospitalizations:

	Yes		No		Unsure

Describe any family psychiatric history including hospitalizations and suicide attempts:

SOCIAL HISTORY:

Primary Caregiver:

	Biological Parents		Grandparents
	Step-Parents		Other (specify)
	Foster Parents		

Living situation (place an X by all that apply):

	Married parents		Juvenile justice
	Divorced parents		Lives independent
	Single parent household		Homeless or insecure housing
	Adoptive/Foster Care; How long?		Food insecurity
	DHR involved; How long?		Other (please specify):

Family strengths (place an X by all that apply):

	Parental resilience		Safe home environment
	Social connectedness		Social/emotional competence of child
	Knowledge of community support systems		Other (Please specify):
	Family support in time of need		

Any changes in caregivers in the last 6 months?

Pertinent information on peer relationships:

Pertinent information on academic concerns:

Is the patient on an IEP, IFSP or 504 plan:

	Yes		No		Unknown

Pertinent information on school supports:

PATIENT RISK FACTORS:

Suicidal Ideation or Attempt:

	Yes		No		Unknown

Legal Issues:

	Yes		No		Unknown

Substance Use:

	Yes		No		Unknown

Presence of Weapons at Home:

	Yes		No		Unknown

Trauma History (place an X by all that apply):

	Victim of physical abuse		Victim of natural disaster
	Victim of psychological abuse		Parental separation or divorce
	Victim of sexual abuse		Parental incarceration
	Witness to abuse		Other (specify):

Other Risks/Threats:

Please check any barriers to care (place an X by all that apply):

	Finances		Legal		Development		Social
	Culture		Family		Language		Other

Please describe any barriers to family engagement:

INSURANCE INFORMATION:

	Medicaid		Medicare		All Kids		Commercial		Tri-Care		Self pay		Other

Please list any other relevant information you would like to share here:

Thank you for completing the Project ECHO case presentation form. You will receive an email confirmation once received by Project ECHO staff.