



Date: _____

Provincial Mental Health and Substance Use ECHO: Case Presentation Form

In order to present a case at an upcoming Provincial MHSU ECHO session, please complete as much of this form as possible and email it to echo_bcmhsus@phsa.ca

For privacy reasons, please do not disclose any personal or other identifying information about the patient on this form, or when presenting the case during the ECHO session.

By initialing here _____ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any member of the Hub team, ECHO clinician and any patient whose case is being presented at the Provincial Mental Health and Substance Use ECHO sessions.

Provider Information

Name: _____

Profession: _____

Organization: _____

Patient information

Gender: _____

Age: _____

Case Overview

New Case Follow-Up

Key provider concerns:	
Patient's concerns and goals:	
Mental health and substance use diagnoses:	

<p>Mental health and substance use history:</p>	
<p>Mental health and substance use treatment history (i.e. medications trialled, behavioural health interventions, cultural services and supports, other treatment modalities):</p>	
<p>Other physical health history and any diagnoses:</p>	
<p>Current medications:</p>	
<p>Details related to the patient that may have an impact on this patient's situation (e.g. social supports, housing, income, drug coverage, family history, cultural considerations, stage of change, impact of colonization, racism and discrimination; systemic factors etc.):</p>	
<p>What are you hoping to get from the ECHO consultation? Please state 1-2 questions for the session.</p>	

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Summary (for the HUB team/Physician Lead/ECHO staff to fill):

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