

ECHO MHSU | Case Presentation Form

Section 1: Patient Information (non-identifiable):

ECHO ID (internal use):	Age:
	Gender:
	Ethnicity:
Education Level:	

Section 2: Reason for Consultation. What is/are your question (s) to the hub?

Section 3: Brief summary of presenting complaint:

Section 4: Past Psychiatric History. Is there a DSMV diagnosis? Please list:

What providers are currently involved?

Section 5: Past Medical History.

Section 6: Family History

Section 7: Background History (include developmental, social, etc)

Section 8: Trauma History

Section 9: Current medications and doses

Section 9: What are the strengths of this person?

Section 10: What is your impression?

Parent/guardian consent to discuss child's case at ECHO® session: (check if obtained)

Additional Notes:

Please use this format when speaking during the case presentation at the ECHO Session.

Fax completed form to Vernon Mental Health: 250 - 549 – 6358 or send by email to echo@interiorhealth.ca