Extension for Community Healthcare Outcomes

Dementia
teleECHO™ Clinic Case Presentation Form

Complete ALL ITEMS on this form and fax to 505-272-6906.

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Question/Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patient First Name:</td>
</tr>
<tr>
<td>2.</td>
<td>Patient Last Name:</td>
</tr>
<tr>
<td>3.</td>
<td>Patient Birthday: (month/day/year)</td>
</tr>
<tr>
<td>4.</td>
<td>Patient Gender:</td>
</tr>
<tr>
<td>5.</td>
<td>Clinician Phone Number:</td>
</tr>
<tr>
<td>6.</td>
<td>Clinician Fax Number:</td>
</tr>
<tr>
<td>7.</td>
<td>Clinician Email:</td>
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<tr>
<td>8.</td>
<td>Clinic/Facility Name:</td>
</tr>
<tr>
<td>9.</td>
<td>Clinic/Facility City:</td>
</tr>
</tbody>
</table>

When do you want to present your case? Date and approximate time?

*When we receive your case, we will email or fax you a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any UNMHSC clinician and any patient whose case is being presented in a Project ECHO® setting.
GENERAL INFORMATION

Date: ____________________  Presenter: ____________________  Clinical Site: ____________________

Patient Name: ____________________  ECHO ID: ____________________

Age: ______  DOB: ________________  Gender: □ Male or □ Female

Check One: □ New Case or □ Follow-up

Molina patient?  □ Yes  □ No

Occupation: ____________________  Educational Level: ____________________

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Check all that apply (or relate to your main question) and fill in specifics:

□ Specific symptom management (insomnia, wandering, paranoia, hallucinations, etc)

□ Dementia specific treatment options

□ Issues of Activities of Daily Living (ADLs) [Click here for the form]

□ Issues of Instrumental Activities of Daily Living (iADLs) [Click here for the form]

□ Determining the patient’s diagnosis

□ Agitation and/or aggression

□ Advance care planning

□ Inappropriate behavior

□ Other(s)

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

________________________________________________________________________________________________________

Psychiatric hospitalization: □ Yes  □ No  Number of times: ____________________

Current and Past Medical History (may attach a list):

________________________________________________________________________________________________________

Current meds and therapies (may attach a list):

________________________________________________________________________________________________________

Meds and therapies that have been tried in the past:

________________________________________________________________________________________________________

Social history:

________________________________________________________________________________________________________
REVIEW OF SYSTEMS

Please check all that apply:

- [ ] Insomnia
- [ ] Wandering
- [ ] Constipation
- [ ] Incontinence
- [ ] Anxiety
- [ ] Agitation
- [ ] Depression
- [ ] Drowsiness
- [ ] Other(s)

Physical Exam - Pertinent Findings:

Cognitive Screening Exam: Please attach findings

- [ ] SLUMS [Click here for the form]
- [ ] MMSE [Click here for the form]
- [ ] MoCA [Click here for the form]

MoCA Administration and Scoring Instructions [Click here for the form]

(MoCA©) is available from http://www.parkinsons.va.gov/consortium/moca.asp

- [ ] MINI-COG [Click here for the form]

Neuropsychology Testing (may attach a report):

Pertinent Labs and Imaging:

Patient’s Decision Making Capacity:

- [ ] Decisional
- [ ] Not Decisional
- [ ] Not Sure

For non-decisional patient: decisions are made by:

Financial Concerns:

- [ ] No
- [ ] Not Sure
- [ ] Yes

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

Any other information that you think is important:

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