**Extension for Community Healthcare Outcomes**

**Dementia**

**teleECHO™ Clinic Case Presentation Form**

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

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

— Case Presentation Form —

GENERAL INFORMATION

Date: __________________ Presenter: ___________________________ Clinical Site: __________________

First Last

Patient Name: ________________________________ ECHO ID: __________________

First Last

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
- Other: __________________ 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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