

**KRHIO ECHO  
Case Presentation Form - MAT**



ECHO ID (KRHIO will assign): \_\_\_\_\_ Date: \_\_\_\_\_  
 Presenter's Name: \_\_\_\_\_ New Patient \_\_\_\_\_  
 Presenter's Location \_\_\_\_\_ Patient Follow-up \_\_\_\_\_

**What is your question for the KRHIO ECHO panel?**

**General Information about the case**

Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Trans \_\_\_\_\_ Relationship status \_\_\_\_\_  
 Highest level of education completed \_\_\_\_\_  
 Housing conditions \_\_\_\_\_  
 Current employment status \_\_\_\_\_

Substance Use	Previous? (Y/N)	Current? (Y/N)	History
Heroin			
Methamphetamine			
Alcohol			
Opiates			
THC			
Cocaine			
Fentanyl			
Misuse of Rx			
Misuse of OTC			
Nicotine			

**Current MAT Therapy**

Treatment Method	Previous? (Y/N)	Current? (Y/N)	Dose
Naltrexone (ReVia, Vivitrol, Depade)			
Disulfiram (Antabuse)			
Acamprosate Calcium (Campral)			
Methadone			
Buprenorphine (Suboxone, Subutex, Zubsolv)			
Varenicline (Chantix)			
Bupropion (Zyban, Wellbutrin)			

**Pertinent Medical History – Accidents, TBI, Chronic Diseases, Chronic Pain, Surgeries, etc.**

**Labs**

CBC: \_\_\_\_\_ CMP: \_\_\_\_\_ TSH & Free T4: \_\_\_\_\_ RPR: \_\_\_\_\_ HIV: \_\_\_\_\_ Hep. C: \_\_\_\_\_ Hep. B \_\_\_\_\_

**Co-Occurring Mental Health Disorders**

Depression \_\_\_\_\_ Anxiety \_\_\_\_\_ Bipolar Disorder \_\_\_\_\_ Eating Disorder \_\_\_\_\_ Psychosis \_\_\_\_\_  
 Psych Hospitalizations \_\_\_\_\_ Overdose (s) \_\_\_\_\_ Suicide Attempts \_\_\_\_\_ History of Trauma \_\_\_\_\_

**Family History of Mental Health or Substance Use Disorders**

Diagnosis	Relationship to patient

**Social History**

**Behavioral Health Engagement**

Individual Therapy \_\_\_\_\_ Group Therapy \_\_\_\_\_ Family Therapy \_\_\_\_\_  
 Community /Peer Support: \_\_\_\_\_

**Current Medications**

Medication	Dose	Required for

**Criminal Justice System Status**

Parole and Probation \_\_\_\_\_ Specialty Court \_\_\_\_\_ if yes, type: \_\_\_\_\_ N/A \_\_\_\_\_

**Insurance Type**

Medicare \_\_\_\_\_ Commercial \_\_\_\_\_ Self-pay \_\_\_\_\_ Other: \_\_\_\_\_  
 Medicaid \_\_\_\_\_ if yes, specify \_\_\_\_\_ N/A \_\_\_\_\_

PLEASE NOTE that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any KRHIO panel member and any patient whose case is being presented in a project ECHO setting. **Always use ECHO ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.**