Kentucky RHIO
Kentucky Rural Healthcare Information Organization

Project ECHO®

KRHIO ECHO Case Presentation Form - Pain Management

Presentation Date: ___/___/_____ **Site:** _____ **Clinician:** _____

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. Once we receive your case, we will email you a confidential ECHO ID#. ***Always use ECHO ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.***

Screening Encounter Date: _____/_____*(required)*

General Information/Demographics:

ECHO ID:	**Age:**
Gender:	Male ☐ Female ☐
Ethnicity – Hispanic or Latino:	Yes ☐ No ☐
Race:	American Indian, Alaska Native ☐ Asian ☐ Black, African American ☐ Native Hawaiian, Pacific Islander ☐ White ☐
Insurance:	None ☐ Medicare ☐ Medicaid, MCO: _____ Commercial Health Insurance: _____ Other: _____

Pertinent Patient History:

Physical Exam	
BMI	
Vitals	
Diagnostic Testing/Labs	
Imaging	
Comorbid Conditions	

Chronic Pain History:

Chronic Pain Assessment	**Pain Descriptor:**	**Location of Pain:**	
	Proposed Pain Diagnosis:	**Duration of Pain:**	
Past Chronic Pain Treatments (list all that apply)	**Non-Pharmacological:**	**Helpful or Unsuccessful**	**Date:**
	Pharmacological (by class):	**Helpful or Unsuccessful**	**Date:**
	Invasive Interventions:	**Helpful or Unsuccessful**	**Date:**

Medication History:

Medication	Past or Current	Dosage	Frequency	Duration

Medication Allergies

Mental Health History:

PHQ-9 Score:		Date: ___/_____	**Psych HX or concerns:**

GAD-7 Score:		Date: ___/_____	
History of Suicide Attempt:	Yes ☐ No ☐	If yes, date of last attempt ___/_____	
History of Trauma/Abuse	Yes ☐ No ☐	Type: Preadolescent sexual abuse? Yes☐No☐	
Hx of depression/anxiety/ Bipolar?	Yes ☐ No ☐		
Family history of depression/ anxiety/bipolar?	Yes ☐ No ☐		

Substance Risk History:

SUBSTANCE ABUSE		
Currently drink alcohol?	**Yes/No** ☐ ☐	**History of a drinking problem?** **Date of last drink:**
Currently using drugs?	**Yes/No** ☐ ☐	**If yes, what type:** **Duration of use:**
Family Hx of alcohol or substance abuse?	**Yes/No** ☐ ☐	**Notes:**
Smoke cigarettes?	**Yes/No** ☐ ☐	**If yes, how many packs per day?**
SUBSTANCE-USE DISORDER		
SOAPP-R/ORT Score		**Date:**
COMM Score		**Date:**

Social History:

		Notes
Current Housing Situation		
Household Information (who they live with)		
Employment Status		
Relationship Status		
Legal History		
Social Support		
Daily Routine		
Hobbies/Interests		

Additional Notes: