# ECHO ID Request Form

**\*Required items in order to DE-identify your case. Patient ID #: SOS-2022-**

|  |  |
| --- | --- |
| **1. Student’s Gender\*:** |  |
| **2. Student’s District:** |  |
| **3. Presenter’s Phone Number:** |  |
| **4. Presenter’s Email:** |  |
| **5. District’s Name and City\*:** |  |
| **When do you want to present your case?**  |  |

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

When we receive your case, we will email you with **a confidential ID number** (ECHO ID) that must be utilized when identifying your student during ECHO Sessions.

*The information in this message is privileged and confidential. It is intended only for the use of the recipient at the location above. If you have received this in error, any dissemination, distribution or copying of this communication is strictly prohibited. If you receive this message in error, please notify Corey Nichols-Hadeed, ECHO Coordinator, at* *Corey\_Nichols@URMC.rochester.edu* *immediately.*

# De-Identified Case Presentation Template

**Current Mental Health Diagnoses (check all that apply):**

[ ] Major Depressive Disorder

[ ] Generalized Anxiety Disorder

[ ] Developmental Delay

|  |
| --- |
| **Date: \_\_\_\_\_\_\_ Presenter Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ECHO District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ECHO ID:** SOS-**2022-**\_\_\_ [ ]  **New Presentation** [ ]  **Follow Up Presentation Gender:** [ ]  Male [ ]  Female [ ]  Other |
| **Pt Age:** \_\_\_\_ **Race:** [ ]  Black [ ]  White [ ]  Asian [ ]  Native [ ]  Mixed-Race [ ] Other \_\_\_\_\_\_\_ |

☐Autism Spectrum Disorder

[ ] Posttraumatic Stress Disorder

[ ] Attention Deficit Disorder

☐Intellectual Disability

[ ] Learning Disorder

[ ] Social Anxiety Disorder

☐Oppositional Defiant Disorder

☐Panic Disorder

☐Schizophrenia

☐Bipolar Disorder

☐Other

|  |
| --- |
| **Primary Concerns/Questions for Discussion? -** *What is your most pressing question/concern for the group today?* |
|  |
| **Mental Health Symptoms** *- What are the relevant current symptoms and how are they being expressed?*  |
|  |
| **History of present illness:** *Age, gender and brief description of patient (grade in school, on IEP?, etc.); Relevant developmental, mental health, or SUD history; Significant past symptoms and their outcome?* |
|  |
| **Mental Health Treatment -** *Type and length of past and/or current treatment, response to treatment* |
|  |
| **What have you tried so far?** - *In-school supports, family communication, referral to community resources, response to interventions* |
|  |

**Past Psychiatric History**

|  |  |
| --- | --- |
| [ ] Past Psychiatric Hospitalizations |   |
| [ ] History of Suicide Attempts |  |
| [ ] Other Information |  |

## Social History

|  |  |
| --- | --- |
| **Current living situation:**  |  |
| **DHS Involvement:**  | [ ]  Yes [ ]  No  |
| **Insurance/Payer/Self-Pay:**  | [ ]  State Ins (Medicare/Medicaid) [ ]  Private Ins [ ]  Self Pay [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Current School Supports:**  | [ ] IEP [ ]  504 Plan [ ]  RTI Tier 2 [ ]  RTI Tier 3 [ ]  Other*Describe:*  |
| **Current Substance Use:**  | [ ]  Alcohol (> 3 Drinks/Day) [ ]  RX [ ]  Methamphetamine [ ]  Marijuana [ ]  Other \_\_\_\_\_\_\_ |

**Main Supports -** *Who are the key people supporting this teen (family, partner, friends, school staff, other professionals, etc.)*

|  |
| --- |
|  |

**Relevant Medical History** – e.g., Behavioral Health Treatment, Psychiatric Medication, Physical Health or Developmental Needs

|  |
| --- |
|  |

**Is there anything else we should know about this case?**

|  |
| --- |
|  |