**Case Presentation Form**

**Please complete ALL ITEMS on the form and email to LSFHS Behavioral Health ECHO at** [**Samantha.lawsondavis@lsfnet.org**](mailto:Samantha.lawsondavis@lsfnet.org)**. If you haven't registered, please register prior to the next ECHO session at**[**lsftraining.coursestorm.com/**](https://lsftraining.coursestorm.com/)**> Category: ECHO. Thank you for your interest and submission of your case study!**

|  |  |
| --- | --- |
| **Case Presenter Information** | |
| LSFHS Behavioral Health ECHO Network: | Please, select one |
| Presentation occurrence: | Please, select one |
| Case type: | Please, select one |
| Presenter’s first and last name: | Select to enter first and last name |
| Presenter’s phone number: | Select to enter phone number |
| Presenter’s email address: | Select to enter email address |
| Proposed dates for case follow-up: | Please, select three dates below |
| First proposed date preference: | Select to enter a date. |
| Second proposed date preference: | Select to enter a date. |
| Third proposed date preference: | Select to enter a date. |

When we receive your case, we will email you a confidential identification number (ECHO ID) and confirm the date and time for the case presentation. The provided ECHO ID must be utilized when identifying this case presentation during the ECHO Session. Case presentation times may vary depending on the availability of the professional development presenter. Times will be confirmed when the ECHO ID is assigned.

PLEASE NOTE: The LSFHS Behavioral Health ECHO case consultations do not create or otherwise establish a relationship between any of the LSFHS Behavioral Health ECHO experts or LSFHS Behavioral Health ECHO staff and any participant whose case is being presented in a LSFHS Behavioral Health ECHO setting.

Case Information

1. Please state your main question for this patient/client case or concern:



1. Social determinants of patient/client:
   1. Age: Click here to enter text.
   2. Gender Identity: Choose an item.
   3. Housing: Choose an item.
   4. Education: Choose an item.
   5. Employment: Choose an item.
   6. Insurance: Choose an item.
2. History of trauma:



1. Mental Health Disorder(s) (if applicable):



1. Behavioral Health Treatment(s) Tried (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Individual Therapy |  | Peer Support |
|  | Group Therapy |  | Case Management |
|  | Family Therapy |  | Recovery Groups (AA, NA, etc.) |
|  | Other: Click here to enter text. |  | Not Applicable |

1. What strategies, interventions, or other actions have been tried, and how successful have they been?

Select to enter strategies, interventions or other actions tried

1. Substance Abuse History:



1. Pertinent Medical History (family history, hospitalizations, surgeries, injuries, etc.):



1. Other Pertinent Information (cultural or religious factors, support systems, criminal justice system status, etc.):



1. Patient/Client Goals:



1. Provider Goals:



1. What else should the team know in order to provide feedback and recommendations?

Select to enter additional information