

# MHSU-Interior Health ECHO Session Case Presentation Form

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**Section 1: Patient Information (non-identifiable):**

Age:	School Grade:
Gender	ECHO ID Patient: <i>please use initials and month of birth (eg Jane Smith DOB: May 2009 is JS0509)</i>
Ethnicity:	

**Section 2: Brief summary of presenting complaint:**

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**Section 3: Family context:**

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**Section 4: Is there a diagnosis?**    Yes    No

Assessments (if available):  

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What providers are involved in this patient's care (e.g. allied health, medical)?  

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**Section 5: Significant Past Medical History or Co-morbidities:**

Birth history:  

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Development/Behavioural History:  

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Social history/current history:  

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Current medications and doses:  

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**Section 6: Physical Examination (if applicable)**

		Percentile if known
Height (cm)		
Weight (cm)		
BP (mmHg)		

Other

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**Section 7: Investigations:**

Hearing

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Vision:

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Other

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**Section 8 – What are the strengths of this person/child/family?:**

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**Section 9 – What is your impression?**

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**Section 10 – What help would you like with this patient?:**

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Parent/guardian consent to discuss child's case at ECHO® session:

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**FAX COMPLETED FORM TO: 250 - 549-6358**

***For Use by ECHO Coordinator Only***

Case ID: \_\_\_\_\_