

## ECHO ID Request Form

Complete ALL ITEMS on this form and e-mail to Nishitha Gali at [ngali@okstate.edu](mailto:ngali@okstate.edu)

**\*Required items in order to DE-identify your case.**

**Patient ID #: HROB21--**

<b>1. Patient Gender* (if applicable)</b>	
<b>2. Patient Region:</b>	
<b>3. Presenter Phone Number:</b>	
<b>4. Presenter Fax Number:</b>	
<b>5. Presenter Email:</b>	
<b>6. Clinic/Facility Name and City*:</b>	
<b>When do you want to present your case? Date and approximate time?</b>	

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any OSU-CHS 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 patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.

*The information in this FAX 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 Nishitha Gali at 918-232-7255 immediately.*

Case Presentation Template

ECHO ID: HROB21- ☐ New Presentation ☐ Follow Up Presentation

☐ Case Presentation

If Case Presentation:

Gender: ☐ Male ☐ Female ☐ Other

Pt Age: \_\_\_\_\_ Race: ☐ Black ☐ White ☐ Asian ☐ Native ☐ Mixed-Race ☐ Other \_\_\_\_\_

Case Presentation:

Current Problem List:

What is your main question for this presentation?

Case History:

Obstetrics History

Other Medical History

Case Presentation Template

<b>Mother</b>	
<b>Father</b>	
<b>Siblings</b>	
<b>Other</b>	

<b>Insurance/Payer/Self-Pay:</b>	<input type="checkbox"/> State Ins (Medicare/Medicaid) <input type="checkbox"/> Private Ins <input type="checkbox"/> Self Pay <input type="checkbox"/> Other _____

**MEDICATIONS** (Rx, PRN, OTC, Herbals, etc)

Name	Strength/Dose	How it is taken	Indication

**Exam Findings**

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**Patient Lab Findings**

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Ultrasound Findings