



Oklahoma State University HIV/Viral Disorders TeleECHO™ Clinic

Case Presentation Form

Complete ALL ITEMS on this form and Email to Nishitha Gali
ngali@okstate.edu

ECHO ID# _____ - _____

Presenting Provider Name:	
Clinic/Facility Name:	
Clinic/Facility City and State:	
Provider Email:	
Provider phone:	
Provider fax:	
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 OSU-CHS clinician and any patient whose case is being presented in a Project ECHO® setting.

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Oklahoma State University HIV TeleECHO™ Clinic

☐ New Presentation ☐ Follow Up Presentation Patient Age: _____ Gender: ☐ Male ☐ Female ☐ Other
 Race: ☐ Black ☐ White ☐ Mixed-Race ☐ Asian ☐ Other _____

What is your main question for this presentation?

History of present illness

Date of HIV Diagnosis _____ (MM/YY)

HIV Risk

- ☐ HRH (High-risk heterosexual)
☐ IDU (Injection Drug Use)
☐ MSM (Men who have sex with men)
☐ Perinatal transmission (mother to infant)

Nadir CD4 Count	cells/ml	(yy)
Current CD4	cells/ml	(mm/yy)
Current HIV VL	copies/ml	(mm/yy)

Medications	Dose	Sig	Medications	Dose	Sig

Side Effects/Toxicity: _____

Current ART Adherence (self-reported-missed doses in the past month) ☐ 0-1 ☐ 2-5 ☐ 5-10 ☐ >10

PSYCHIATRIC AND/OR MEDICAL HISTORY

SOCIAL HISTORY

Regular Partner: ☐ Yes ☐ No If Yes, HIV Status: ☐ Positive ☐ Negative ☐ Unknown
 Condom Use: ☐ Always ☐ Sometimes ☐ Rarely ☐ Never
 Current Substance Use: ☐ Alcohol (More Than 3 Drinks Per Day) ☐ Injection Drugs ☐ Tobacco ☐ Other _____

PHYSICAL EXAM

Pertinent Abnormal Physical Findings: _____

LABS: WBC _____ Hgb _____ Platelets _____ Cr _____ GFR _____ Ast _____ Alt _____
 Lipids (Chol/HDL/LDL/TG) _____ HgbA1c _____
 Urine GC/CL _____ RPR _____ Hepatitis panel _____ Quantiferon _____
 HLAB5701 _____

Additional Information (i.e. Results from genotype, biopsy, imaging) ***Please attach HIV genosure/resistance testing