



Oklahoma State University Pediatric Behavioral and Emotional Health TeleECHO™ Clinic ECHO ID Request Form

Complete ALL ITEMS on this form and email to Courtney Busse-Jones bussejo@okstate.edu

*Required items in order to DE-identify your case. Patient ID #: PPE-2021-

1. Patient Gender*:	
2. Patient Region:	
3. Provider Phone Number:	
4. Provider Fax Number:	
5. Provider Email:	
6. Clinic/Facility Name and City*:	
When do you want to present your case? Date and approximate time?	

PLEASE NOTE that Project ECHO® case consultations do <u>not</u> 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 Courtney Busse-Jones at 918-561-ECHO immediately.





Oklahoma State University Pediatric Behavioral and Emotional Health TeleECHO™ Clinic

Case Presentation Template

Date: Presenter Name:	Clinic Site:	
ECHO ID: PPE-2021 New Present		Gender: ☐ Male ☐ Female ☐ Other
Pt Age: Race: ☐ Black ☐ White	e \square Asian \square Native \square Mixed-Race	□Other
Current Psychiatric Diagnoses (check all		
☐ Major Depressive Disorder	☐ Attention Deficit Disorder	☐ Panic Disorder
☐Generalized Anxiety Disorder	☐ Intellectual Disability	☐ Schizophrenia
☐ Developmental Delay	☐ Learning Disorder	☐ Bipolar Disorder
☐ Autism Spectrum Disorder	☐ Social Anxiety Disorder	□Other
☐ Posttraumatic Stress Disorder	☐Oppositional Defiant Disorder	
What is your main question for this pres	entation?	
History of present illness:		
History of present filless.		
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Developmental History (Pregnancy, Birth, I	Milestones. Concerns)	
e.g. born at 32 weeks, history of intra-ut	<u> </u>	eech delav
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Medical History		
e.g. history of chronic ear infections		





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Case Presentation Template

Father Siblings Other cial History Current living situation: DHS Involvement: Insurance/Payer/Self-Pay: State Ins (Medicare/Medicaid) Private Ins Sel Other Current School Placement: IEP 504 Plan Current School/District Current Substance Use: Alcohol (> 3 Drinks/Day) RX Methamphetam Other EDICATIONS (Rx, PRN, OTC, Herbals, etc) Name Dosage Indication e.g. Sertraline 100mg Daily Depression or private Ins Sel or private Ins Sel	Mother			
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	rapies (Behav	rioral, Family, O	ccupational, Speech, etc)	





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Case Presentation Template

Previous Psychiatry MEDICATION Trials

Name	Dosage	Response/Side effects
e.g. Citalopram	10mg daily	Stomach pain, not effective

Past Therapies (Behavioral, Family, Occupational, Speech, Therapy)

Therapy	Indication/Course/Challenges/Reason for Termination	
e.g. Supportive Therapy	Depression/2 years/depression continued no response, d/c March 2018	

Additional Past Psychiatric History

☐ Past Psychiatric Hospitalizations	e.g. acute inpatient stay 2016, 3 weeks for suicide attempt
☐ History of Suicide Attempts	e.g. 3 prior attempts overdose of medications
☐ Other Information	e.g. neuropsychological testing done 7/01/2017