



Behavioral Health Project ECHO® Case Presentation Form

Please submit this case via fax to Project ECHO Program Administrator at 203.774.0540

Please note that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a Project ECHO setting. **Do not share any identifying patient information (name, date of birth, social security number, patient ID, address) on this form or when presenting the case during the ECHO clinic session.**

Project ECHO ID (CHNCT Use Only): _____ Patient Age: _____ Biological Gender: _____

Presenter Name:		Practice Site:	
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Please identify the primary concern/goal for this case presentation.

Please provide a 3-4 sentence case summary/history of presenting illness (HPI) as it pertains to your primary concern/goal.

Are there issues with social determinants of health (SDOH) that are impacting your patient's care (e.g., unsafe housing, food insecurity, exposure to violence, poverty etc.)?