DIS (Disease Intervention Specialist) Case Presentation Form

Presentation Date:	Presenter and Jurisdiction:	ECHO ID:

☐ **New Case** ☐ **Follow Up Case**

List questions for this patient case					
Patient Information	**Age:**	**Gender:**	**Race:**	**Hispanic:** ☐ **Y** ☐ **N**	**Insurance:** ☐ **Yes** ☐ **No**
	HIV Risk: ☐ MSM ☐ IDU ☐ Other: _____ **HIV Status:** ☐ Positive ☐ Negative ☐ Unknown			**History of HIV PrEP or PEP:**	
Medical History					
Mental Health History					
Substance Use History	☐ None ☐Remote Hx ☐ Ongoing: _____ Last use:_____			**Needle Sharing** ☐Yes ☐ No	**Needle Exchange Program** ☐ Yes ☐ No
Sexual History	**History of assault:** ☐ Yes ☐ No	**Partners:** ☐**Male** ☐ **Female** ☐ **Both**	☐ Oral ☐ Vaginal ☐ Anal ☐ Penile	☐ Receptive ☐ Insertive ☐ Versatile	**Condom Use:** ☐ Never ☐ Sometimes ☐ Always
	Partner HIV Status: ☐ Positive ☐ Negative ☐Unknown	**Partner IDU:** ☐ Positive ☐ Negative ☐ **Unknown**	**Relationship**: ☐ Monogamous ☐ Polyamorous ☐ Open ☐Other:		
STI History Previous Tx					
Vaccine History	☐ Hep B ☐ Hep A	☐ HPV ☐ Other:			
Medication		**Allergies**			
Current Treatments					
Living Situation	**Housing:** ☐ Stable ☐ Unstable ☐ Transitional ☐ Homeless ☐ Other:	**Employment:** ☐ Part-time ☐ Full-time ☐ Retired ☐ Disability ☐ Unemployed ☐ Other:	**Social Supports:** ☐ Religious community ☐ Social clubs ☐ Partnership ☐ Close friends ☐ Family ☐ Other:		
Signs and Symptoms with dates					

Labs/Imaging

Test	Date	Result	Test	Date	Result	Test	Date	Result
HIV Ab			HCV Ab					
Gonorrhea			HCV RNA					
Chlamydia			HBsAb					
Syphilis trep			HBsAg					
RPR			HBcAb					

Other Information	

Please return completed form to the UM Project ECHO team. Email: stacie.pannell@umontana.edu