Project ECHO® (Extension for Community Healthcare Outcomes)

UM Viral Hepatitis Community Initial

Case Presentation Form

Presentation Date: Site: Clinician:

What is the primary question you have regarding this patient?

General Information/Demographics

Patient ECHO ID:	**Age:**	**Sex at Birth:** ☐ Male ☐ Female	**Gender Identity:**
Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian / Other Pacific Islander ☐ White			**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Insurance: ☐ None ☐ Medicare ☐ Medicaid ☐ Commercial Health Insurance ☐ Other:_____			

Liver related history	☐ Cirrhosis	Any evidence of clinical decompensation? ☐ Ascites ☐ Hepatic Encephalopathy ☐ Variceal Bleed
	☐ Previous HCV Treatment	Year: Drug Regimen: Duration of Treatment:
	Year of HCV Diagnosis:	☐ Hepatocellular Carcinoma Year of Diagnosis:

Medical Diagnoses	☐ Diabetes Mellitus ☐ Hepatitis B, Chronic ☐ HIV ☐ Other Relevant Diagnoses:	☐ Seizure Disorder ☐ Solid Organ Transplant --- Year: Organ: ☐ Rheumatoid Arthritis

Psychiatric Diagnoses	☐ Depression ☐ Anxiety ☐ Other:	
Depression Screening: (If available)	☐ PHQ9: _____ ☐ PHQ2: _____ ☐ Other: _____	
Substance Use History	Does the person have a substance use disorder? ☐ Yes ☐ No	
	If yes, ☐ Alcohol ☐ Opiates ☐ Stimulants ☐ Benzodiazepines ☐ Marijuana ☐ Other: If yes, date of last use (for each):	
	History of injecting drugs? ☐ Yes ☐ No	If yes, date of last injection drug use:

Current Medications:

Medication name:	Dosage:	Frequency	Medication name:	Dosage:	Frequency

Current Method of Birth Control: _____

If oral contraceptive, does it contain ethinyl estradiol? ☐ Yes ☐ No

To submit a case for presentation, please send completed forms to: stacie.pannell@umontana.edu Rev.2.24.2021

Body Mass Index	Height:	Weight:	BMI:

Hepatitis Vaccinations and Labs	Hepatitis A total or IgG antibody: ☐ Positive ☐ Negative	If needed has vaccination been started? ☐ Yes ☐ No
	Hepatitis B surface antibody (anti-HBs): ☐ Positive ☐ Negative Hepatitis B core antibody (anti-HBc): ☐ Positive ☐ Negative Hepatitis B surface antigen (HBsAg): ☐ Positive ☐ Negative	If needed has vaccination been started? ☐ Yes ☐ No

Laboratory

Basic Labs	**Date**	**Results**	**Basic Labs**	**Date**	**Results**	**Other Labs**	**Date**	**Results**
WBC			Alk Phos			AFP[3]		
HGB			AST					
HCT			ALT					
Platelets			T. Bili					
Creatinine			Direct Bili[1]					
Protime/INR			HIV Ab					
Total Prot			HCV RNA					
Albumin			HCV GT[2]					

[1]If available; [2] Genotype; [3] AFP for patients with known or suspected cirrhosis

Fibrosis Score	**Results**
APRI	
FIB-4	
For cirrhotic patients only	
MELD	
Child-Pugh	

Please list any imaging or transient elastography results, if applicable (e.g. ultrasound, fibroscan, etc.):

Please list any additional pertinent information about the patient:

PLEASE NOTE that case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in this clinical setting. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws

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