Project ECHO Nevada
Geriatric Clinic Case Review Form

Case Review Form Instructions

1. Please identify patient case (or process) to present/review at the next ECHO meeting. Select a case that you would like to receive feedback on from the expert ECHO team. If possible, attempt to identify a case that relates to the topic of the day
2. Briefly describe relevant aspects of your case and draft your question(s) for the ECHO team using the Case Review Form
3. It is not necessary to complete every field on the Case Review Form, only those you think are relevant
   a. Please comply with HIPPA regulations and do not use any Patient Identifiers when submitting cases for review
4. This form should be submitted by noon the day before the next ECHO clinic so that it can be shared with subject matter experts
5. Be prepared to present the case in 20 minutes or less
6. Email your completed form to: projectecho@med.unr.edu or fax to 775-327-5112

CASE PRESENTATION TEMPLATE

Date: _____________ Your Name: _______________________ Your Location: ________________

Patient Name: ________________________________ Check one: ☐ New Patient ☐ Follow Up

Age: _______________ Ethnicity: _______________________ Gender: ☐ Male ☐ Female

Occupation: _____________________________ Education Level: _____________________________

Height _______________ Weight: _______________ BMI: _____________________

Alcohol Use: ☐ Yes ☐ No Amount: _______________ BP: _______________________________

What is your main question about this patient? _____________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Patient’s current and past medical history: ________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please Fax Completed Form to 775-327-5112 or email projectecho@med.unr.edu
FRAIL Scale Score ______________________

Mini Cog Score ______________________

PHQ-9 Score ______________________

*If you are unfamiliar or would like to learn more about the above screening tools, please check out our Project ECHO Nevada Geriatric Clinic web page to access links on how to fill out the above tools.*

https://med.unr.edu/echo/clinics/geriatrics