

CASE PRESENTATION TEMPLATE

Medication-Assisted Treatment Clinic

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Project ECHO

Date: _____ Your Name: _____ Your Location: _____

What is your main goal for this consultation?

[Empty text box for main goal]

Patient Name: _____ DOB: _____ New Patient Follow-up

Male Female Transgender

Substances Used

Heroin Methamphetamine Alcohol Opiates THC Cocaine Other: _____

Current MAT Therapy

Table with 4 columns: Treatment Method, Previous? (Y/N), Current? (Y/N), Dose. Rows include Naltrexone, Disulfiram, Acamprosate Calcium, Methadone, Buprenorphine, Varenicline, and Bupropion.

Pertinent Medical History – Accidents, TBI, Chronic Diseases, Chronic Pain, Surgeries, etc.

[Empty text box for medical history]

Labs

CBC: _____ CMP: _____ TSH & Free T4: _____ RPR: _____ HIV: _____ Hep. C: _____ Hep. B: _____

Co-Occurring Mental Health Disorders

Depression Anxiety Bipolar Disorder ADHD Eating Disorder Psychosis

Other: _____

Family History of Mental Health or Substance Use Disorders

Diagnosis	Relationship to patient

Behavioral Health Engagement

Individual Therapy Group Therapy Alcoholics Anonymous Narcotics Anonymous Family Therapy

Other: _____

Current Medications

Medication	Dose	Required for:

Criminal Justice System Status

Parole and Probation Specialty Court if yes, type: _____ N/A

Insurance Type

Medicare Commercial Self-pay Other: _____

Medicaid if yes, specify MCO: Aetna Amerigroup Health Plan of Nevada SilverSummit N/A

FAX COMPLETED FORM TO (775) 327-5112

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