

CASE PRESENTATION TEMPLATE  
**Pain Management Clinic**

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 Project ECHO

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Your Location: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Patient Type:  New Patient  Follow-up  
 Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Occupation: \_\_\_\_\_ Gender:  Female  Male  
 Educational Level: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?

Alcohol Use:  Yes  No Amount: \_\_\_\_\_ History of Comorbid Mental Health issues?  Yes  No  
 Pertinent Comorbidities?  Yes  No

|                              |  |  |  |
|------------------------------|--|--|--|
| Pertinent Lab Results        |  |  |  |
| Pertinent Imaging Results    |  |  |  |
| Prior Surgical Interventions |  |  |  |
| Prior Injections             |  |  |  |
| Prior Failed Treatments      |  |  |  |
| Prior Failed Medications     |  |  |  |
| Current Medications          |  |  |  |
| Prior EMG and Results        |  |  |  |

**FAX COMPLETED FORM TO (775) 327-5112**

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