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**MACS for MOMs ECHO**

**Patient Case Presentation**

**Email:** **macs.echo@som.umaryland.edu**

**\*Please do not attach any patient-specific files or include any Protected Health Information.**

Date: \_\_\_\_\_\_\_\_\_\_ Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECHO ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you presented this patient during this teleECHO clinic before? [ ] Yes [ ] No

1. **Please state your main question for this patient case:**

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⃝ Requesting help with diagnosis ⃝ Help with medications ⃝ Help with non‐medication treatment

1. **Demographics:** Age \_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_
2. **Currently receiving prenatal care?**

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| --- | --- |
| **Current Pregnancy Details** | **Obstetrical History** |
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* Yes
* No
* Unsure
1. **Socio-cultural factors (i.e. parenting plans, education, literacy, housing, employment, etc.):**

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1. **Substance Use History (Please also indicate if there is a known history of overdose or substance use in previous pregnancy):**

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1. **Medical/Behavioral Health Diagnoses. Medications, and Any Attempted Interventions:**

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1. **Labs (as indicated):** **Include last urine drug screen result**

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1. **Prescription Monitoring Program Pertinent Findings (Please include allergies):**

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1. **Patient Strengths/Protective Factors:**

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1. **Patient Goals for Treatment:**

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1. **Proposed Treatment Plan:**

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**By initialing here \_\_\_\_\_\_\_ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.**