



Presenter Information

Your name:	Today's date:
What is your role? <input type="checkbox"/> EMS <input type="checkbox"/> Fire <input type="checkbox"/> Law Enforcement Other: _____	

Why do you want to present this case? What is your question for the ECHO network?

Patient Follow-Up System Improvement Self-Care Other: _____

Briefly describe the scenario, case or call.

Do you know the outcome of the situation?

What services or resources would have helped on this call?

Interventions/Treatment

What obstacles did you encounter?

Patient/Client's Social and Medical History (only fill out if applicable)

Relevant socioeconomic circumstances (housing, trauma, etc.):

What other relevant information can you provide?



Florida Rural Health Association
One Voice for Florida. Louder.

Rural EMS Project ECHO Clinic
Individual/Group Case Presentation Form



Social Support (community, extended family): _____

Employment status: _____ Education Level: _____

Medical History: _____

Which of the following are present? If present, please state.

Substance Use/Abuse: _____ Behavioral Health Diagnoses: _____

Chronic Disease: _____ Acute Illness: _____

Lack of Financial Resources: _____ Safety Concerns: _____