**CARES TeleECHO Clinical Initial Case Presentation Form**

# General Information

Date: Presenter:

Agency Type: ECHO ID:

Date of Admission to Facility: Reason for original admission:

Prior Living Situation: LTC Assisted Living Community Other:

Age:

Gender: Male Female

Sexual Orientation: Ethnicity:

Relationship Status: Support System:

Educational Level: Occupation: \_

Social History:

Check all that apply to your main concern. Add specifics:

What is your main concern about this Client:

Issues with ADLS:

Inappropriate Behavior:

Agitation and/or Aggression:

Other Concerns:

# Diagnoses

Psychiatric:

Medical:

History of Suicide Attempt(s): YES NO \_ If YES, Date of Last Attempt:

Method:

Seen by Mobile or Hospital PESS: YES NO Date Last Seen:

History of Psychiatric Hospitalization(s): YES NO Number of Commitments:

Short Term Care Facility Admission(s): YES NO Dates:

State Hospital Admission(s): YES NO Dates:

Screening Exams: SPMSQ

MINI-COG

MoCA

BIMS

PHQ-9

P4 Suicidality Screener

Adult Protective Services Involved: YES NO Reason:

History: Check all that apply.

Homelessness Sexual Abuse Domestic Violence

Alcohol Abuse Drug Abuse Falls

Trauma PTSD

Veteran

Active Duty: \_ Other:

Followed by Psychiatrist: YES NO

Frequency:

Last Seen:

Receiving Counseling: YES NO Frequency:

What Behavioral Techniques have been tried:

What has worked and has not:

Other significant information:

**PLEASE ATTACH CLIENT’S CURRENT MEDICATION LIST**