



KSKidsMAP TeleECHO

Case Form Instructions

Before completing the online KSKidsMAP TeleECHO Case Form please compile as much of the following information as possible. If you need to leave the form, select the **“Save & Return Later”** option and you will be provided an access code to complete your form later.

Please use the following link: <http://bit.ly/TeleECHOCaseForm> to submit the form 5 business days prior to the TeleECHO you would like to present.

You will be contacted by a KSKidsMAP TeleECHO representative to coordinate the date you will present.

If you have any question, please contact Jan Lyon, jlyon@kumc.edu.

Physician/Clinician Information

- Indicate the primary question you would like answered:
- Additional questions to be addressed:

Patient Information

- Patient age:
- Patient gender:
 - Male
 - Female
 - Other (If other, specify:)
- In which Kansas county does the patient reside?
- Insurance status (Check that apply)
 - Private insurance
 - KanCare
 - Uninsured
 - Other
 - Unknown
- Indicate where the child attends school:
 - Public
 - Private
 - Homeschool
 - Online school
 - Child not attending school

Case Presentation Summary: Please type information into each section

- Chief Complaint:
- History of presenting illness:

Pertinent History

- Medical History
- Are there relevant specialists this child/adolescent sees?
- Birth history (prematurity, substance exposure during pregnancy, medication use during pregnancy, birth complications, NICU stay, illnesses, etc.):
- Significant developmental history (developmental milestones, early interventions, etc.):
- Psychiatric history (symptoms, diagnoses, treatment, hospitalization, suicidality, self-harm, etc.):
- Family history (medical, psych, substance use, suicide, etc.):

School Performance

- Educational/psychological testing (completed and results):
- Accommodations (IEP, 504, Title I, etc.):

Social History

- Family context (living situation, family composition, siblings, home environment, custody arrangements, etc.):
- History of DCF involvement (hotlines, investigations, open cases, prior removals, etc.):
- History of trauma or abuse:
- What barriers exist to this patient receiving care?
- Substance use (which, frequency, when, and last used):
- Legal history (arrests, juvenile office, probation, etc.):
- Interpersonal interactions (peers, adults, community and school):
- What are this family's strengths?

Objective Findings (Examination/Assessment)

- Rating Scales (Vanderbilt's, PHQ9, SCARED, GAD7, PSC17, etc.). If other, please specify (include score details as well as scales used):
- Mental Status Exam: Describe how the child/adolescent was in the room, so we feel as if we're in the room with them (i.e. appearance and behavior, mood and affect, speech and language, thought content, insight and judgement):
- Physical Exam Findings (including most recent hearing and vision exams):

Working Diagnosis

- Working diagnosis:

Treatment

- Current medication (dosage and response):
- Past medication (dosage and response):
- Current therapy (type):
- Past therapy (type):
- Other treatment intervention (e.g. residential treatment):

Other

- Other relevant notes:

As a professional reminder, please do not include any patient health identifiers (PHI) in this case form.

Note: Project ECHO case consultations do not create or otherwise establish a physician-patient relationship between any of the Pediatric Mental Health Team members and any patient whose case is being presented in a Project ECHO setting.