

ECHO Managing COVID-19 in Primary Care

Patient Case Presentation Form

PLEASE FILL OUT THIS FORM ON YOUR COMPUTER

Please do not include any patient identifying data.

This case form is the only document used for your ECHO case.

Do not send any supplementary materials or share documents from your screen during the case presentation.

Presenter:

Site:

Date:

Profession:

Main Reasons for Consultation: (eg. Top 3 reasons)

DEMOGRAPHICS & SOCIAL HISTORY

Gender:

Weight (kg):

Age:

Height(cm):

Country of Birth:

Occupation:

History of present illness/underlying conditions

Specify any recent antimicrobial use

Other pertinent history – lab history

Additional Comments

ECHO STAFF USE:

Signature:

Date:

Signature:

Date: