

# 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: