

# ECHO Ontario Rheumatology

Case Presentation Form

PLEASE FILL OUT THIS FORM ON YOUR COMPUTER



Please do not include any patient identifiers. Type all information directly into the form & return as a PDF to ashley.grilo@uhn.ca . This form will be the only document displayed for ECHO partners. Please do not attach any supplementary materials (medical reports, etc.) and never share your screen during the ECHO session to display any documents or reports. Thank you.

## Section 1

Date: \_\_\_\_\_ Presenter: \_\_\_\_\_ PCP: \_\_\_\_\_  
First Last First Last

Clinic Site Name: \_\_\_\_\_ Type of Case: \_\_\_\_\_

### PATIENT INFORMATION:

Patient ECHO ID \_\_\_\_\_ Patient Age: \_\_\_\_\_ Gender: Male Female

Employment status: \_\_\_\_\_

What is the main question about this patient? Please specify in the space provided.

- Diagnosis
- Treatment
- Inadequate Pain Control
- Medicine Question
- Test Result Question
- Other: \_\_\_\_\_

Your main Question(s):

- 1.
- 2.
- 3.

### Rheumatologic Diagnosis:

- Rheumatoid Arthritis
- Gout
- SLE
- Regional Pain Syndrome
- Sero-negative Inflammatory Arthritis
- Infectious Arthritis
- Unspecified Inflammatory Arthritis
- Inflammatory Muscle Disease
- Abnormal Serology w/o Specific Disease
- Osteoarthritis
- Pseudogout
- Scleroderma
- Fibromyalgia

### Non-rheumatologic Diagnosis:

- Diabetes Mellitus
- Hypertension
- Psoriasis
- Peptic Ulcer Disease
- Cancer
- History of TB
- Other: \_\_\_\_\_
- Cardiovascular Disease
- Hyperlipidemia
- Hypothyroidism
- Renal Insufficiency/Failure
- Anemia
- Active Treatment of TB
- Obesity
- Depression
- Rash
- Cirrhosis
- Allergies

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**Current Medications (include dose):**

Medications

Medication Allergies

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**History of Present Illness:**

**Family History:**

**Patient Surgeries:**

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### Review of Systems:

Fever

Weight Loss

Decreased Energy

Rash

Other:

### Physical Exam:

Date \_\_\_\_\_

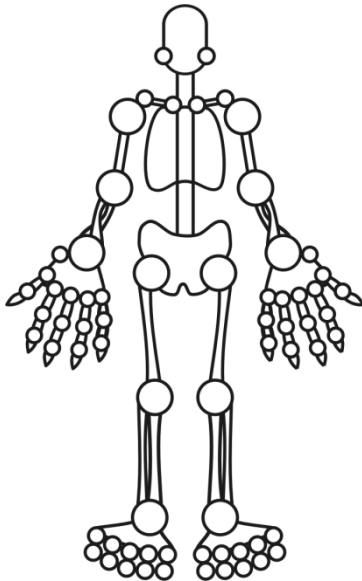
BP \_\_\_\_\_

HR \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Pertinent positives and negatives:



x	tender
o	swollen
•	tender and swollen
+	damaged
	arthroplasty
<b>TENDER JOINT COUNT:</b>	
<b>SWOLLEN JOINT COUNT:</b>	

### LABS and INVESTIGATIONS:

**\*IMPORTANT\*** PLEASE SAVE THIS DOCUMENT AS A PDF BEFORE CLOSING  
TO AVOID LOSING INFORMATION

**Your case form is complete, thank you.**

**Case Review (Staff Use)**

*ECHO Staff Use:*

SIGNATURE:

SIGNATURE

DATE:

DATE: