Chronic Pain & Opioid Stewardship 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.

Case ID (Staff use only): Site: Date:

Presenter: PCP: Case Type:

Main reasons for consultation: *(e.g. Top 3 reasons, diagnosis, treatment, addiction, management)*

Your Patient goals (If any)

DEMOGRAPHICS & SOCIAL HISTORY

Age: Gender: Height(cm) Weight (kg):

Country of Birth BMI:

Education

Social Situation Occupation:
(please specify type of work, not name of workplace/employer)

☐ 3rd Party Health Insurance coverage
☐ Drug plan
Comments:

Do you want to discuss WSIB?: YES NO

Source of Income: Full time Work
Part Time Work
WSIB
Disability
Other

A. Brief pain history (summarize as if you are consulting with a specialist within 5-7 min):

Pain Condition and History (Continued)

Non-Pain Diagnosis		
☐ Asthma/COPD	☐ Hyperlipidemia	Other
☐ Cancer	☐ Hypertension	
☐ Chronic kidney disease	☐ Hypothyroid	
☐ Congestive Heart Failure	☐ Seizures	Psychiatric Diagnosis
☐ Diabetes		
☐ Heart disease		
☐ Chronic Liver Disease		Sleep
☐ HIV		

B. Treatment History and test results

Current Medications (Name, Dose, Frequency)

Past Medications (Include Dose)

NSAIDS	Topicals	Muscle Relaxants
Aspirin Acetaminophen Ibuprofen	Capsaicin / Lidocaine Diclofenac Compounded	Baclofen Cyclobenzaprine Methocarbomal Tizanidine
Antidepressants SNRI SSRI TCA / Wellbutrin Other	**Anti-epileptic Medications** Gabapentin Pregabalin Carbamazephine Topiramate	**Opioids** Long Acting Short Acting Morphine Equivalent Dose:

Other Medications:

Relevant Physical Exam

Patient Activity Level (ADLs, IADLs, etc)

Imaging Studies (Relevant films, EMG/NCV, MRI/CAT Scans)

Relevant Lab Studies (IE. Creatinine, ALT/AST/GGT, HgB AIC

Urine Drug Screening

Completed No

Drugs Found: (and expected /unexpected results)

OTHER INTERVENTIONS:

Injections

☐ Epidural Steroid Injection

☐ Trigger Point Injection

☐ Joint Injection

Non-Pharmacological Interventions

☐ Acupuncture

☐ Chiropractic/Osteopathic Treatment

☐ Massage

☐ Myofascial release

☐ Natural Health Product

☐ Transcutaneous Electrical Nerve Stimulation (TENS)

Injections

☐ Facet Injection

☐ Surgeries

☐ Other

Non-Pharmacological Interventions

☐ Physical Therapy/ Exercise

☐ Self-Management or Mindfulness

☐ Yoga/Tai Chi or Relaxation strategies

☐ Cognitive Behaviour Therapy/ Counselling

Other

C. BARRIERS TO TREATMENT

Substance Use History (Indicate last date used and typical pattern of use)

☐ Alcohol (*frequency)*:
☐ Benzodiazepines/Sedatives:
☐ Cannabis
☐ Stimulants
☐ Fentanyl
☐ Nicotine (*enter amount per day)*:
☐ Prescription Opiate Misuse:
☐ Other:

Aberrant Opioid Use Screening Score

☐ ORT Score:

Link to ORT

Psychological Barriers to recovery (select from dropdown list)

Comments

Additional comments:

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

ECHO Staff Use:

SIGNATURE:

DATE:

Save Case Form

SIGNATURE

DATE: