

ECHO Ontario Rheumatology

Case Presentation Form



UHN



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 thilini.gamage@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.

Date: _____ Presenter: _____ PCP: _____
First Last First Last

Clinic Site Name: _____ Type of Case: _____

I want to opt out of Zoom AI Companion (eg. Transcription assistant) during my case presentation

PATIENT INFORMATION:

Patient ECHO ID _____ Patient Age: _____

Gender: Male
Female
Non-Binary

Employment status: _____

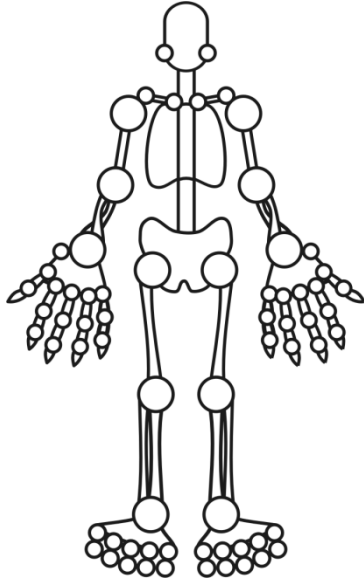
Brief case summary (including relevant past medical history, family history, and with a focus on the HPI and review of systems). Please feel free to use point-form/bullets:

Rheumatologic Diagnosis:

Non-rheumatologic Diagnosis:

Physical Exam:

Pertinent positives and negatives: If there is arthritis/joint pain, do your best to share distribution of joints/structures involved.



TENDER JOINT COUNT:

Which ones:

SWOLLEN JOINT COUNT:

Which ones:

RELEVANT LABS and INVESTIGATIONS:

Current Medications (medication allergies if any):

Medications

Your main Question(s):

- 1.
- 2.
- 3.

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: