ECHO Ontario Liver Case 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 Information

Date:

Presenter:

Patient Information

Gender | Weight | BMI | Age

Relevant Medical History

Relevant Social and Psychosocial History

Relevant Psychiatric History

Labs (complete those that are relevant)

WBC	Sodium	ALT	Albumin
Hemoglobin	BUN	AST	INR
Platelets	Creatinine	Alk Phos	Bilirubin (Total & Direct)
			transferrin saturation

HIV Antibody	HBV DNA	Hep B Surface Antigen
HCV RNA	HepB e antigen	Hep B Core Antibody
HCV genotype	Hep B e antibody	Other
Hep C Antibody	Hep B Surface Antibody	

Please return your completed form to Keren.Sedmina@uhn.ca. Please do not submit any supplementary materials.

Relevant Diagnostic Tests:

Additional Relevant Information:

What are your main questions about this patient?

Current Medications

Save Case Form

ECHO Staff Use:

SIGNATURE:

DATE:

SIGNATURE:

DATE:

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