

Chronic Pain & Opioid Use Disorder 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

Occupation

Education

Social Situation

Source of Income:

Comments:

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		
<input type="checkbox"/> Asthma/COPD	<input type="checkbox"/> Hyperlipidemia	Other
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Chronic kidney disease	<input type="checkbox"/> Hypothyroid	Psychiatric Diagnosis
<input type="checkbox"/> Congestive Heart Failure	Seizures	
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Heart disease		
<input type="checkbox"/> Chronic Liver Disease		Sleep
<input type="checkbox"/> HIV		

B. TREATMENT HISTORY AND TEST RESULTS

Current Medications (Name, Dose, Frequency)

Past Medications (Include Dose)

NSAIDS	Topicals	Muscle Relaxants
Aspirin	Capsaicin / Lidocaine	Baclofen
Acetaminophen	Diclofenac	Cyclobenzaprine
Ibuprofen	Compounded	Methocarbomal
		Tizanidine
Antidepressants	Anti-epileptic Medications	Opioids
SNRI	Gabapentin	Long Acting
SSRI	Pregabalin	Short Acting
TCA / Wellbutrin	Carbamazepine	Morphine Equivalent
Other	Topiramate	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 A1C

Urine Drug Screening

Completed

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)

- | | |
|---|--|
| <input type="checkbox"/> Alcohol (<i>frequency</i>): | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Benzodiazepines/Sedatives: | <input type="checkbox"/> Nicotine (<i>enter amount per day</i>): |
| <input type="checkbox"/> Caffeine (<i>frequency</i>): | <input type="checkbox"/> Prescription Opiate Misuse: |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Cocaine | |

Aberrant Opioid Use Screening Score

- ORT Score: Link to ORT

Psychological Barriers to recovery (select from dropdown list)

Comments

Additional comments:

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

ECHO Staff Use:

SIGNATURE:

DATE:

SIGNATURE

DATE: