Please complete ALL ITEMS on the form and email to UND CRH at julie.a.reiten@med.und.edu. Thank you.

Presentation occurrence: $\square$ Initial Presentation $\square$ Follow-up Presentation

Presenter's first and last name:
Presenter's phone number:
Presenter's email address:
Proposed date for initial case presentation:

$\square$No Preference

Proposed date for follow-up case presentation (if known):

When we receive your case, we will email you a confidential individual number (ECHO ID) and confirm date and time for the case presentation. The provided ECHO ID must be utilized when identifying this case presentation during the ECHO session. Case presentation times may fluctuate depending on the availability of the professional development presenter. Times will be confirmed when the ECHO ID is assigned.

PLEASE NOTE: The ECHO Opioid case consultations do not create or otherwise establish a relationship between any of the ECHO Opioid experts or ECHO Opioid staff and any participant whose case is being presented in an ECHO Opioid setting.

1. Briefly describe the current status of the patient?
2. Briefly describe the patient's intake/history?
3. Briefly identify the primary concern and the goal for this case presentation.
4. Briefly describe contributing factors that may have kept the patient from progressing to the desired level?
5. Briefly explain what common triggers, stressors, and/or factors are related to the priority concern?
6. Briefly list strategies, interventions, or other actions have you tried, and how successful have they been?
7. Comments or additional background narrative. What else should the team know in order to provide feedback and recommendations?
