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**Palliative Care ECHO Case Presentation Form**

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| **Date:** | **GP Name:** |

**Patient Information:** **please do not include any person identifiable information on this form.**

Please complete as much of the form as possible. It is fine to be brief and to use abbreviations, etc. The form will be used as a guide to support you with presenting your case and as a tool to refer back to help you with managing the case.

**Please check all that apply below to indicate your reasons for presenting this case:**

[ ]  Pain and symptom management

[ ]  Complex communication with patient, family or other healthcare professionals

[ ]  Spiritual, emotional and/or existential distress

[ ]  Appropriate care pathways for patient

[ ]  Advance care planning/7-Step Resuscitation issues

[ ]  Ethical issues

[ ]  Other – complete below

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**Clinical Situation:**

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| --- | --- |
| **Age:** | **Gender:**  |
| **What is the main problem or concern you have about this patient? Duration and Progress:** |

**Background**

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| **Diagnosis/Symptoms:** |
| **Clinical Assessment:** |
| **Past Medical History and Other Relevant Clinical Information:**  |
| **Current Medications and Therapies** (please include any known allergies or drug reactions):* **Current Medication/s:**
* **Past Relevant Medication/s:**
 |
| **Focused Investigation/s:** |
| **Relevant Imaging:** (please specify the type of image, date and results) |
| **Relevant Treatment or Procedures:** (please specify the type of treatment, chemotherapy, radiotherapy) |
| **Relevant Alcohol, smoking and/or Drug Use:** |
| **Family and Social Support Network:** |
| **Other Relevant Background Information:** |

**Advanced Care Planning**

[ ]  Documented care plans observed by assessing clinician

[ ]  Discussion with family/informed of PPD/best interest decision

[ ]  Substitute Decision Maker: YES or NO (circle)

[ ]  Goals of care/ceiling of treatment (please specify below)

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**Assessment**

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| **What are the main questions/concerns you have about this patient for the Palliative Care ECHO Network?** (Please List for Discussion) |

**Please ensure that no person identifiable information has been included.**

Please return your completed form to **Leanne March, Project ECHO Lead,** at: **lmarch@gppaustralia.org.au**

**THANK YOU.**

**OFFICE USE:**

**Case ID (Hub will assign):**

**Date:**