



Case template

Please complete this form electronically and submit to: cme@sapmea.asn.au

PATIENT IDENTIFIABLE INFORMATION MUST NOT BE INCLUDED

Patient information (non-identifiable)

Age	
Gender	
Other relevant patient information:	

Relevant medical history:

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Function:

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Medications:

Medication name	Dosage	Date started / Date stopped

Investigations:

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Patient presentation / complaints:

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Any other relevant information:

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What are your challenges with this patient?

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What questions are you seeking answers to from panel members and peers?

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