**AOD ECHO case template**

PATIENT IDENTIFIABLE INFORMATION MUST NOT BE INCLUDED

Please complete this form electronically and submit to: [ECHO@sapmea.asn.au](mailto:ECHO@sapmea.asn.au)

# Patient demographic information

Age:

Gender:

Does the patient identify as Aboriginal and/or Torres Strait Islander:

Other relevant background information:

# Social information

Relationship status:

Homeless/risk of homelessness:

Highest level of education:

Other relevant social information:

# Drug and alcohol assessment

(e.g. standard drinks/day, frequency, periods of abstinence, amount spent on drugs, date of last use, route of administration)?

**Alcohol use:**

**Tobacco use:**

**Cannabis use:**

**Other drug use:**

Opioid antagonist therapy: Yes  No Daily pick up  Takeaways

Other relevant information:

# Mental health & trauma history

Anxiety Disorder

Depression

Borderline Personality Disorder

 Schizophrenia

Autism Spectrum Disorder

Developmental Disorder

Post-Traumatic Stress Disorder

Substance Use Disorder

Self-harm / suicidal ideation

Other information / detail:

# Relevant medical history

# Medications (provide drug names, not brand names)

Current medications:

Past medications:

# Interventions

# Other comments/information

# What are your questions for the AOD ECHO Network? (Please list)