**Chronic Pain ECHO case template**

PATIENT IDENTIFIABLE INFORMATION MUST NOT BE INCLUDED

CASE SUBMISSIONS MUST BE YOUR OWN PATIENT

Not all sections of this template need to be completed or completed in detail. Please provide the necessary information for consideration and discussion of your case and questions.

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

# 1. Patient background information

* Gender:
* Age:
* Does the patient identify as Aboriginal and/or Torres Strait Islander?
* Does the patient have limited English proficiency? Do they need an interpreter?
* Family & Social support network:
* Other relevant background information:

2. Is there a compensation claim associated with the pain/injury**?**  Yes / No

# 3. Chronic Pain Diagnosis

1. What is the chronic pain diagnosis? (e.g., low back pain, rheumatoid arthritis, post-surgery pain)
2. How long has the patient had chronic pain?
3. Where is the pain located?
4. How does the pain affect the patient’s life? What is the level of pain interference in the patient’s daily life? (Social, mental, physical) e.g., fatigue, sexual dysfunction, depressed mood, sleep disruption
5. What are the patient’s goals and concerns, if known?

1. What has been the care to date of the pain? E.g., physio, counselling, specialist care
2. What imaging and investigations have been undertaken?
3. What is the patient’s current medication **for the pain**?
4. To what extent has the patient engaged with any non-pharmacological strategies for the pain? e.g., exercise, meditation.

# 4. General health and co-morbidities

Please describe the patient’s general health and any co-morbidities:

# 5. Would you like to add other relevant information?

# 6. What are your main questions for the panel?