**Dementia 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

# Patient background information

* Age and Gender:
* Does the patient identify as Aboriginal and/or Torres Strait Islander?
* Family & Social support network:
* Other relevant background information:

# Advance Care Planning

Does the patient have an Advance Care Directive?

Does the patient have a 7 Step Pathway?

Does the patient have a substitute decision maker?

If you replied ‘yes’ to any of the above, please specify where are these documented?

# Dementia Symptoms

# Other relevant medical history

# Management strategies:

**5a. Non – Pharmacological management:**

**5b. Pharmacological management:**

* **Current medication/s**
* **Past Medication/s**

# **Relevant cognitive tests/imaging: (please specify the type of test, date, and results)**

# Supportive and Palliative Care Indicators Tool ([SPICTTM](https://www.sahealth.sa.gov.au/wps/wcm/connect/3f0cde004dc97b41957fffb05b75bb55/Using%2BSPICT%2Btool%2BFactsheet%2BWebS.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-3f0cde004dc97b41957fffb05b75bb55-nKQreJE))

Has an assessment under the [SPICT™](https://www.sahealth.sa.gov.au/wps/wcm/connect/3f0cde004dc97b41957fffb05b75bb55/Using%2BSPICT%2Btool%2BFactsheet%2BWebS.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-3f0cde004dc97b41957fffb05b75bb55-nKQreJE) criteria been undertaken? If so, please provide details of the outcome:

# Patient-defined goals of care: What is important for the patient and the family?

# Other comments/information

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