**Advanced 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

# 1. 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:
* Year of onset of the Dementia:
* Advanced Care Planning:

# 2. Dementia Symptoms

(Please specify, the year of onset of symptoms, frequency, and interference with daily and/or social life)

# 3. Other relevant medical history:

# 4. Medications: (please specify dosage)

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

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

# 6. Alcohol, tobacco and/or drug use:

# 7. Patient Defined goals of care: What is important for the patient and the family?

# 8. Other comments/information

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