**Frailty ECHO case template**

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

* **Not all sections of this template need to be completed or completed in detail.**
* **Patient identifiable information must not be included.**
	+ - * **Case submissions must be your own patient.**

# 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?

# Frailty Signs/ Symptoms

# Other relevant medical history

# Medications:

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

# Non-Pharmacological Management

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

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

# Other comments/information

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