**Luminal Gastroenterology 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:

# 2. Gastroenterological Diagnosis / Symptoms

(For each diagnosis, please specify, the year of onset, triggers, provoking or improving factors, 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 Imaging: (please specify the type of image, date, and results)

# 6. Relevant alcohol, smoking and/or drug use

# 7. Other comments/information

# 8. What are your questions for the Gastroenterology ECHO Network? (Please list)