Logo

Description automatically generated**Mental Health ECHO case template**

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

# Current Mental Health diagnosis / symptoms

# Physical health diagnosis / symptoms

# Relevant patient history (record any biological, psychological, and social history including any family history of mental health disorders)

# Medications

* Current medications:
* Past Medications:

# S-N-A-P

* **S**moking status:
* **N**utrition:
* **A**lcohol consumption:
* **P**hysical activity level:
* Other including illicit drug use:

# Risks & Co-Morbidities (include risks of self-harm and/or harm to others)

# What are the patient’s goals?

# Other comments/information

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