**Neurology ECHO case template**

PATIENT IDENTIFIABLE INFORMATION MUST NOT BE INCLUDED

CASE SUBMISSIONS MUST BE YOUR OWN PATIENT

Please complete this form electronically and submit to: [ECHO@sapmea.asn.au](mailto: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. Neurological 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 Neurology ECHO Network? (please list)