**Palliative Care 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](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:
* Type of Service Provided: Home, Phone, Office

# 2. Advanced Care Planning

* Documented care plans observed by assessing clinician: YES or NO
* Discussion with family/informed of PPD/best interest decision: YES or NO
* Substitute Decision Maker: YES or NO

# 3. Diagnosis / Symptoms / ECOG Performance Scale

(For each diagnosis, please specify, the year of onset, provoking or improving factors, symptoms, frequency, and interference with daily and/or social life)

# 4. Other relevant medical history:

# 5. Medications: (please specify dosage)

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

# **6. Relevant Imaging: (please specify the type of image, date, and results)**

# 7. Other comments/information

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

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