**Weight Management 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:

# Weight and Medical Health History

Current weight (kg):

Height (cm):

BMI:

Weight trend over past years:

Has the patient experienced significant unintentional weight change?

Relevant Medical History (e.g. T2DM, PCOS, NAFLD, sleep apnoea, osteoarthritis, CVD):

Psychosocial factors impacting weight management (e.g. stress, emotional eating, trauma, disordered eating history):

# Medications:

Current medication/s

Past Medication/s

# Lifestyle and Non-Pharmacological Management

Nutrition (include any dietary pattern followed or past dietary interventions):

Physical Activity (type, frequency, limitations):

Sleep:

Smoking / Alcohol use:

Engagement with allied health or other supports (e.g., dietitian, EP, psychologist):

# **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 Weight Management ECHO Network? (Please list)