

# ECHO Public Safety Personnel

## Patient Case Presentation Form



### PLEASE FILL OUT THIS FORM ON YOUR COMPUTER

Please do not include any patient identifying information.

This case form is the only document used for your ECHO case. Do not send any supplementary materials or share documents from your screen during the case presentation. Physicians presenting a case may bill OHIP for case conferences (billing code K701).

Date: YYYY/MM/DD		Case ID:	
Presenter:		Profession:	
Practice location (municipality):		New case or follow up?	

### REASONS FOR PRESENTING THIS CASE

What are your top 3 goals for this patient or questions for our Expert Hub?

Indicate your patient/client's goals related to work (in their own words):

### PATIENT DEMOGRAPHICS & SOCIAL HISTORY

Age:		Sex:		Urban/rural:	
Occupation:					

Please provide any demographic or social considerations that you think may be relevant to the case

- e.g. race, gender identity, marital status, education, immigration or housing status
- English as a Second Language, social support, veteran status, etc

### MEDICAL HISTORY

Briefly summarize the patient/client case history, including:

- main diagnosis, comorbidities
- relevant mental and physical exam
- barriers to treatment (e.g. substance abuse, psychological barriers to recovery, etc)

Submit completed form to Shireen Harbin at [echosp@iwh.on.ca](mailto:echosp@iwh.on.ca)

**CURRENT MEDICATIONS**

Prescribed, over the counter, supplements/herbal medicine

[Empty text box for current medications]

**OTHER THERAPIES OR TREATMENTS**

[Empty text box for other therapies or treatments]

**WORK CONTEXT**

Indicate how, in your opinion, the patient/client’s condition may have been caused or exacerbated by work. Include, if known, any information about work restrictions/limitations or accommodations, or if the patient/client is off work.

[Empty text box for work context]

Include, if known, any information relevant to the case, including:

- workplace size, job duties, job tenure, whether the position is unionized
- job hazards (biological, chemical, ergonomic, physical, psychosocial)
- challenges with supervisors or co-workers, job satisfaction, or other barriers to return to work/staying at work (e.g. patient/client fears about being reinjured or career/position being affected, workplace culture, diversity/equity/inclusion/accessibility issues, etc).

[Empty text box for additional case information]

Indicate if you are in contact with anyone at the workplace (e.g. occupational physician, occupational health nurse, supervisor, human resources, etc).

If this is a WSIB case or a 3rd party insurer is involved, indicate if you are in contact with the case manager.

[Empty text box for workplace contact information]

**ECHO Staff Use:**

ECHO staff have reviewed this form and have ensured that no patient identifying information is present.

Initials: \_\_\_\_\_

Date: YYYY/MM/DD \_\_\_\_\_