Presentation Date:	Presenter/Site:	ECHO ID:

☐ New Case ☐ Follow Up Case

Reason for Case Presentation					
Patient Information	Age:	Gender:			
	HIV Risk: ☐ MSM ☐ IDU ☐ HRH ☐ Other: _____			Is the Patient on HIV PrEP?	
Medical History					
Substance Use History:	☐ In the last 6 months YES ☐ NO ☐ If yes. Stimulants ☐ Opioids ☐ _____			Needle Sharing: ☐ Yes ☐No	Access to Harm Reduction Services:: ☐ Yes ☐No
Sexual History	History of assault: ☐ Yes ☐ No	Partners: ☐ Male ☐ Female ☐ Both	☐ Oral ☐ Vaginal ☐ Anal ☐ Penile	☐ Receptive ☐ Insertive ☐ Versatile	Condom Use: ☐ Never ☐ Sometimes ☐ Always
	Partner HIV Status: ☐ Positive ☐ Negative ☐ Unknown	Partner IDU Status: ☐ Positive ☐ Negative ☐ Unknown	Relationship: ☐ Monogamous ☐Polyamorous ☐ Open ☐Other:		
	Partner Syphilis Status: ☐ Positive ☐ Negative ☐ Unknown If Positive, Date:	Previous Syphilis Treatment: Yes ☐ If yes, date: No ☐			
STI History					
Medication Allergies:					
Allergic to Penicillin or Doxycycline?					
Living Situation	Housing: ☐ Housing Stable ☐ Transitional ☐ Unstable ☐ Homeless _____ _____	Employment: ☐ Part-time ☐ Full-time ☐ Retired ☐Disability ☐ Unemployed ☐ Other:_____ _____ _____			
Pertinent Physical Findings					

Pertinent Labs/Imaging	Test	Results/Date	Test	Results/Date	Test	Results/Date
	T. pal Ab		HBSAb			
	RPR/Titer		HBSAg			
	Previous T. pal Ab		HBV Core total Ab			
	Previous RPR/Titer		Pregnancy			
	HIV Screen		GC/Chl x3			
	HCV Ab					

Please complete form and email to: ECHO@npaihb.org

PLEASE NOTE: By submitting this form, you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between an ECHO clinician and any patient whose case is being presented in a teleECHO session. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.