

South Carolina Foster Care Project ECHO® Case Presentation Form



Please remember to omit any protected health information (PHI) for this patient.

You will be contacted ahead of time if your case has been chosen for presentation.



First name of person completing form:		Last name of person completing form:	
Email address:		Case status: <input type="checkbox"/> New case <input type="checkbox"/> Follow-up	
Patient sex:	Patient age (in years):	Patient age (in months):	
Reason for presenting the case today:			
Please describe the reason(s) the child was seen by the provider? Check all that apply. <input type="checkbox"/> Well-child visit <input type="checkbox"/> Sick visit <input type="checkbox"/> Initial foster care visit <input type="checkbox"/> Consultation <input type="checkbox"/> Other, please describe further:			
Date of last well-child visit:		Date of last dental visit:	
Have you identified any gaps in care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:			
Medical, Surgical, and Mental Health History			
Does the child have past medical or surgical history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, please describe:			
Is there a previous diagnosis of mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, please describe:			

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Is there a history of therapy or counseling, current or past? Yes No I don't know

If yes, please describe (e.g., if there is a history of therapy or counseling, was it trauma-focused?):

Please list current medications:

Developmental/School History

Are there any concerns with the child's behavior, either at home or at school? Yes No I don't know

If yes, please describe:

Does the child attend day care, preschool, or school? Yes No I don't know

If yes, please describe:

Please list any educational supports in place for the child (such as a 504 plan or IEP), or other educational concerns (truancy?), or any identified learning issues:

Social History

With whom does the child live? Select all that apply.

Both parents Mother Father Grandparents Other relative Foster parent Other I don't know

If "Other" was selected, please specify:

Who else lives in the home?

Please outline any current or past child welfare involvement:

If the child is in custody of the Department of Social Services (DSS), please provide dates that child entered custody and date of most recent placement:

Family Needs and Strengths

Please list any psychosocial needs of the family:

Please list any identified strengths of the child or family:

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Findings and Plan

Pertinent physical examination findings:

What actions were taken after this child was seen? Check all that apply.

- Screened Provided advice or guidance Watchful waiting Scheduled to follow up
 Referred to a community or medical specialist Prescribed medication Unsure what to do Other

If screened, please specify screening process:

If any referrals were made, please specify:

If prescribed medication(s), please specify:

If "Other," please specify:

Anything else you would like to include about this case?

Submit

Thank you for submitting a case for the South Carolina Foster Care Project ECHO!

Note: The didactic portion of this TeleECHO® clinic will be recorded by AmeriHealth Caritas, and will be publicly displayed for later viewing. We do not expect to disclose the identity of any of the clinic participants through this recording; however, incidental disclosure may occur, such as through a display of names of participants. By participating in the TeleECHO clinic, each participant is giving consent to being recorded. Please refrain from attending the TeleECHO clinic if you do not agree.

