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| **PLEASE SEND THIS CASE FOR DISCUSSION TO**  **FAX: 03 5823 3299 Attn: Tim Griffiths OR EMAIL:** [**echo@pabn.org.au**](mailto:tgriffiths@primarycareconnect.com.au)   |  | | --- | | **Patient ID:  Year of Birth:** 0/00/1994 **SEX:** Choose an item. **Ethnicity:** Click here to add **Country of Birth:** Click here to add  **Referring Practitioner:** Click here to add |   (All patient information will be de-identified for Project ECHO)  **Opioid History:**  Click here to enter text.  Opioid substitution therapy (OST) naїve: Yes  No  If on OST: Daily pick up  Takeaways  **Alcohol use:** Click here to enter text.  **Tobacco use:** Click here to enter text.  **Cannabis use:**  **Other drug use:**  IVDU Yes  No  **Other medical history:**  **Social / psych history:**  Click here to enter text.   |  | | --- | | **TIPS TO ASSIST YOU** with this form and treatment work-up  **6 C’s checklist when assessing patients:**  Complications of opioid use Co-morbidities Conflicting priorities Concomitant medications Compliance Contraception  **Medication Interactions:** Include prescribed, over the counter, recreational and herbal preparations  **Opioid Use History:** Which Opioids Dose Duration  **Chronic liver disease signs:** Splenomegaly, spider naevi, palmar erythema, peripheral oedema / ascites, jaundice, muscle wasting  **Risk of Overdose:**  Naloxone? | | **If you need to discuss a case prior to the Project ECHO meeting call Amanda Norman on 03 9231 3467 or**  **Addiction Medicine Registrar on 03 9231 2211**  **Please note that ECHO sessions are not secondary consultations and do not replace referral to an Addiction Medicine specialist.**  **Area:**  Western PHN  Hume area PHN  Grampians, Loddon, Mallee  **Examination:**  Abnormal signs: Click here to enter text. IVDU signs: Click here to enter text.  BMI: Click here to enter text.  **Investigations:** (attach results)  LFT / EUC / FBE /  AFP HBsAg /  surface antibody (sAb) / cAb HIV Ab HCV ab genotype  Viral Load  **Medications:**  Click here to enter text.  **Any other comments/information:**  Click here to enter text.  **What is your question about this case?**  Click here to enter text. |
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