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| **PLEASE SEND THIS CASE FOR DISCUSSION TO** **FAX: 03 5823 3299 Attn: Tim Griffiths OR EMAIL:** **echo@pabn.org.au****Patient ID: SVHM-VOM- Year of Birth:**   **SEX: Ethnicity:**   **Country of Birth:**  **Referring Practitioner:**  (All patient information will be de-identified for Project ECHO)**Opioid History:** IVDU Yes [ ]  No [ ] On OAT: Yes [x]  No[ ]  Daily pick up [ ]  Takeaways[ ]  **Alcohol use:**  **Tobacco use:**  **Cannabis use:** **Other drug use:** **Other medical history:****Social / psych history:** | **Area:** |
| [ ] Western Victoria & Geelong[ ] Hume area[ ] Gippsland | [ ] Grampians, Loddon, Mallee [ ] Southern & Eastern Metropolitan[ ] Northern & Western Metropolitan |
| **Examination:**Any abnormal signs.. Not knownIVDU signs: Yes ☐ Recent [ ]  ChronicBMI: **Investigations****Medications:****Any other comments/information:****What is your question about this case?** |
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| **TIPS TO ASSIST YOU**with this form and treatment work-up**6 C’s checklist when assessing patients:** Complications of opioid useCo-morbiditiesConflicting prioritiesConcomitant medicationsComplianceContraception**Medication Interactions:**Include prescribed, over the counter, recreational and herbal preparations**Opioid Use History:**Which OpioidsDoseDuration**Chronic liver disease signs:**Splenomegaly, spider naevi, palmar erythema, peripheral oedema / ascites, jaundice, muscle wasting**Risk of Overdose:**Naloxone? |

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