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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 BirthReferring Practitioner:**  (All patient information will be de-identified for Project ECHO)**Opioid History:**  IVDU Yes [ ]  No [ ]  On OAT: Yes [ ]  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: IVDU signs: Yes [ ]  Recent [ ]  ChronicBMI: **Investigations:****Safescript:****Nyxoid:** **Medications:****Any other comments/information:****What is your question about this case?** |