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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: 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  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  Chronic  BMI:  **Investigations:**  **Safescript:**  **Nyxoid:**  **Medications:**  **Any other comments/information:**  **What is your question about this case?** | |