



Project TEACH case presentation template

Please keep in mind that we must comply with HIPPA regulations; therefore do not use Patient Identifiers during this presentation.

Instructions: Please fill out this form as completely as possible prior to the ECHO clinic and send it by e-mail to Endtobacco@mdanderson.org

*Be advised that this ECHO consultation does not create or otherwise establish a provider-patient relationship between any MD Anderson clinician and any patient whose case is being presented in a Project ECHO setting

Assigned case number

Date to follow up

Presenter's Information

Name:

Agency:

Role/ Title:

Demographic Information

Age:

Gender: Female
 Male
 Other

Type of Services Provided (Check all that apply)

Office based
Home or community based
Phone based
Other

Psychological/ Medical Information

Co-morbidities

Medications

Changes to psychiatric medications in the last 3 months?	No
	Unknown
	Yes, details
Status of psychiatric symptoms in the last 3 months	Stable
	Partially stable
	Unstable
	Unknown

Tobacco Use: (Indicate the amount of use)

Cigarettes	Oral Tobacco	Cigar
Pipe	E-cigarette	

Comments (Please include details as needed, such as how long they've been using tobacco products):

Tobacco Cessation Medications

Past Use

Varenicline
Bupropion
Nicotine Patch
Gum
Lozenge
Nasal Spray
Inhaler
Other (explain)

Present Use

Varenicline
Bupropion
Nicotine Patch
Gum
Lozenge
Nasal Spray
Inhaler
Other (explain)

Other comments

Project ECHO recommendations (To be filled out by the ECHO facilitators)