

**DIS (Disease Intervention Specialist)  
Case Presentation Form**



<b>Presentation Date:</b>			<b>Presenter and Jurisdiction:</b>				<b>ECHO ID:</b>			
<input type="checkbox"/> <b>New Case</b> <input type="checkbox"/> <b>Follow Up Case</b>										
<b>List questions for this patient case</b>										
<b>Patient Information</b>	<b>Age:</b>		<b>Gender:</b>		<b>Race:</b>		<b>Hispanic:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>HIV Risk:</b> <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> Other: _____						<b>History of HIV PrEP or PEP:</b>			
<b>HIV Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown										
<b>Medical History</b>										
<b>Mental Health History</b>										
<b>Substance Use History</b>	<input type="checkbox"/> None <input type="checkbox"/> Remote Hx <input type="checkbox"/> Ongoing: _____ Last use: _____					<b>Needle Sharing</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Needle Exchange Program</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Sexual History</b>	<b>History of assault:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Partners:</b> <b>Male</b> <b>Female</b> <b>Both</b>		<input type="checkbox"/> Oral <input type="checkbox"/> Vaginal	<input type="checkbox"/> Receptive <input type="checkbox"/> Insertive	<b>Condom Use:</b> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always				
	<b>Partner HIV Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown		<b>Partner IDU:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown		<b>Relationship:</b> <input type="checkbox"/> Monogamous <input type="checkbox"/> Polyamorous <input type="checkbox"/> Open <input type="checkbox"/> Other:					
<b>STI History Previous Tx</b>										
<b>Vaccine History</b>	<input type="checkbox"/> Hep B		<input type="checkbox"/> HPV		<input type="checkbox"/> Other:					
<b>Medication</b>	<b>Allergies</b>									
<b>Current Treatments</b>										
<b>Living Situation</b>	<b>Housing:</b> <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Transitional <input type="checkbox"/> Homeless <input type="checkbox"/> Other:			<b>Employment:</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:			<b>Social Supports:</b> <input type="checkbox"/> Religious community <input type="checkbox"/> Social clubs <input type="checkbox"/> Partnership <input type="checkbox"/> Close friends <input type="checkbox"/> Family <input type="checkbox"/> Other:			
<b>Signs and Symptoms with dates</b>										
<b>Labs/Imaging</b>	Test	Date	Result	Test	Date	Result	Test	Date	Result	
	HIV Ab			HCV Ab						
	Gonorrhea			HCV RNA						
	Chlamydia			HBsAb						
	Syphilis trep			HBsAg						
	RPR			HBcAb						
<b>Other Information</b>										

Please return completed form to the UM Project ECHO team. Email: stacie.pannell@umontana.edu