Utah Geriatric Education Consortium (UGEC)
Age-Friendly ECHO
Case Presentation Form

ECHO Date	New Case/Follow-up	Please Enter Only De-Identified Resident Information	
Case ID		Gender	
Provider Name/Cred.		Age (5 yr increments – if 82 enter 80)	
Phone		Marital Status	
Email		Race/Ethnicity	
County		Education Level	
Financial Concerns	Yes/No (If Yes, Specify):	Family or Private Caregiver	
		Current/Prev. Occupation	
Advance Health Care Directive	Yes/No	Current Living Situation	
Interests/Hobbies		Primary Support System	
POLST	Yes/No ☐ Full Treatment	☐ Limited Additional Interventions	☐ Comfort Measures
Comments			

Vital Signs		Other Information			
Respirations		Na		AST	
Blood Pressure		K		ALT	
Pulse Rate		BUN/Cr		Total Protein	
Pulse Ox (Supp O2)		eGFR		ALB	
Height		WBC		HCT	
Weight (date) Previous Weight (date)		Food Insecurity	YES/NO		
BMI/Prior BMI					

What are the main questions/concerns that you would like to discuss?

History of Present Illness:

Age-Friendly Health Care:

A health system is "age-friendly" when it coordinates care making sure the personal needs, values, and preferences are at the heart of that care. Age-Friendly Health System process measures are specific to the **4Ms (What Matters, Medication, Mentation, and Mobility)**. For each of the 4Ms listed below, please tell us more about the patient/resident, including their needs/preferences. For more information about the 4Ms Framework, click **here**.

What Matters: What does the patient/resident desire in terms of health outcomes goals and preferences across all settings of care?	
☐ **Advance Care Planning**	☐ **Pain Management**
☐ **Other:**	

Medication: Is the patient/resident on any medications that produce results contrary to their wishes or that may negatively affect their mobility or mental status? What are your questions/concerns? List current medications and/or therapies, including OTCs and supplements. **(May attach list)**	
☐ **Medication Management/Questions**	☐ **Polypharmacy (Need for Deprescribing)**
☐ **ADLS/IADLs**	☐ **Incontinence (Bowel/Bladder)**
☐ **Difficulty affording medication**	☐ **Other:**
☐ **Medications (If more 10 medications add to the last page):**	

Mentation: Has the patient/resident been screened or are they being treated for dementia, depression, and/or delirium?				
☐ **Dementia**		☐ **Depression**		☐ **Delirium**
Symptoms:				
☐ **SLUMS**	**Notes:**			
☐ **MMSE**	**Notes:**			
☐ **MoCA**	**Notes:**			
☐ **Mini-Cog**	**Notes:**			
☐ **Neuropsychology Eval Date:**		**Diagnoses:**		
☐ **Pertinent Labs and Imaging (may attach report)**				
☐ **Person's Decision Making Capacity (able to weigh pros and cons of options)**				
☐ **Decisional**		☐ **Non-Decisional**		☐ **Not Sure**
☐ **If non-decisional, decisions are made by:**				
☐ **Wandering**			☐ **Insomnia/Sleep Disorders**	
☐ **Behavioral Problems**				
☐ **Agitation**	☐ **Aggression**		☐ **Resistance to Care**	☐ **Inappropriate Behavior**
☐ **Substance Use: History/Current Use (Circle One)**				
☐ **ETOH**	☐ **Opioids**	☐ **Nicotine**	☐ **Caffeine**	☐ **Cannabis**

Mobility: Can the patient/resident move safely, maintain function, and carry out tasks that are important to them?	
☐ **Mobility Issues:**	☐ **Falls:**
☐ **Sensory Loss:**	☐ **Other (Describe below):**

Any other questions/concerns?

Clinical Expert(s) Recommendations:

Interdisciplinary Team Members:			
☐ Registered Nurse	☐ CNA	☐ Social Worker	☐ Rec. Therapist
☐ Dietary	☐ Physical Therapy	☐ Occup. Therapy	☐ Medical Director
☐ Pharmacist	☐ Family/Caregiver	☐ Housekeeping	☐ Other

Considerations for the Interdisciplinary Care Team:

☐ Additional Medications:	