



Date: ___/___/___ **Presenter:** _____/_____
FIRST LAST CHECK HERE IF NONE:

Patient Pseudonym: _____ **Gender:** _____ **Age:** _____ **Tribal Affiliation:** _____
CHECK HERE IF NONE:

ECHO ID: _____ Check if follow-up to a previously presented case

Clinical Question:

COMMUNITY
Psychosocial support, family resources, network of care

SPIRIT
Indigenous, cultural, spiritual, religious practices



BODY
Physical health, medications

MIND
Mental and emotional health, substance use

Care plan: