

MOUD ECHO Clinic Case Presentation Form

Please complete this form and return to rmabeyta@salud.unm.edu and jgsalvador@salud.unm.edu.

THIS FORM MUST BE DE-IDENTIFIED! Please ensure no identifying information regarding the patient is conveyed in your form or verbal presentation. This includes even small details about the client/patient, their family, friends, workplace or similar that could identify them.

Date: _____ Presenter name: _____

Patient age: _____ Patient gender: M ___ F ___ Additional: _____

PLEASE STATE YOUR QUESTION FOR THE MAT ECHO NETWORK:



Is the patient you are presenting on Medicaid? Yes ___ No ___

1. Substance use history

	Details
Caffeine	
Nicotine	
Alcohol	
Cannabis/Spice	
Methamphetamine	
MDMA	
Heroin	
Opiates	
Hallucinogens	
Inhalants	
Benzodiazepines	
OTHER:	

2. History of substance use disorder treatment:

Substance Abuse counseling:

Past: Yes _____ No _____

Present: Yes _____ No _____

Inpatient Substance Abuse Treatment:

Yes _____ No _____

12-steps/Mutual Support Groups:

Past: Yes _____ No _____

Present: Yes _____ No _____

MAT Medications

Buprenorphine: Yes _____ No _____

Methadone: Yes _____ No _____

Naltrexone Yes _____ No _____

3. Psychiatric Symptoms

Depression:

- Insomnia/Hypersomnia
- Diminished Interest
- Worthlessness/Guilt
- Loss of Energy
- Diminished concentration
- Significant Weight Loss
- Psychomotor Agitation/Retardation
- Suicidal Ideation/Thoughts of Death

Mania:

- Distractibility
- Indiscretion (dangerous activities)
- Grandiosity
- Flight of Ideas
- Activity Increase
- Decreased Need for Sleep
- Talkativeness

Anxiety:

- Trauma
- Hypervigilance
- Increased Startle
- Avoidance
- Negative Cognitions
- Excessive Worry
- Panic Attacks
- Obsessions
- Compulsions

Psychosis:

- Delusions
- Hallucinations
- Auditory/Visual/Tactile
- Disorganized Behavior

4. Screening/Assessment Scores (list any that apply):

5. Non-pharmacological Interventions Tried:

	TRIED?Y/N	HELPFUL?Y/N
Community Resources		
Community Reinforcement Approach		
Seeking Safety		
Motivational Interviewing		
Behavioral Activation		
Relaxation Strategies		
Anger Management		
Mindfulness		
One-on-One Therapy		
Matrix Therapy		
Other:		

6. Current Medications:

- 1.
- 2.
- 3.
- 4.

7. Medical Comorbidities:

- 1.
- 2.
- 3.
- 4.

8. PDMP checked Yes _____ No _____

Pertinent Findings:

9. Labs

- o TSH:
- o UDM:
- o CBC:
- o CMP:
- o Drug levels:
- o Hep C:
- o HIV:
- o LFTs:

10. Goals for Treatment
