

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 MOUD 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 Tool 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

- | | | |
|----------------------------|------------------------------------|--------|
| <input type="radio"/> TSH: | <input type="radio"/> Drug levels: | Other: |
| <input type="radio"/> UDM: | <input type="radio"/> Hep C: | |
| <input type="radio"/> CBC: | <input type="radio"/> HIV: | |
| <input type="radio"/> CMP: | <input type="radio"/> LFTs: | |

10. Goals for Treatment