

MOUD ECHO Clinic Case Presentation Form

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

Date: _____ Name: _____ Email: _____

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.

Patient Age: _____ Patient Gender: _____ Additional: _____

Is the patient you are presenting on Medicaid? Yes/No/Unknown: _____

PLEASE STATE YOUR QUESTION OR INSIGHT FOR THE MOUD ECHO NETWORK:

1) Substance Use History:

CHECK ALL THAT APPLY:	DETAILS:
Nicotine	
Alcohol	
Cannabis/Spice	
Cocaine	
Methamphetamine	
MDMA	
Fentanyl	
Heroin	
Opiates	
Hallucinogens	
Inhalants	
Benzodiazepines	
OTHER:	

2) History of Substance Use Disorder Treatment:

Inpatient Substance Abuse Treatment: _____

Substance Abuse Counseling:

Past: _____

Present: _____

12-Steps/Mutual Support Groups:

Past: _____

Present: _____

MAT/MOUD Medications:

Buprenorphine: _____

Methadone: _____

Naltrexone: _____

Other: _____

3) Psychiatric Symptoms:

DEPRESSION:

Insomnia/Hypersomnia
Diminished Interest
Worthlessness/Guilt
Loss of Energy
Diminished Concentration
Significant Weight Loss
Psychomotor Agitation
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) Non-Pharmacological Interventions Tried:

CHECK ALL THAT APPLY:	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:	

5) Screening/Assessment Tool Scores:**6) Current Medications:****7) Medical Comorbidities:****8) PDMP Checked: Y/N:** _____

Pertinent Findings:

9) Labs:

 TSH: _____
 UDM: _____
 CBC: _____
 CMP: _____

 Drug Levels: _____
 Hep C: _____
 HIV: _____
 LFTs: _____

Other:

10) Goals for Treatment: