



## Peer Review ECHO

### CASE PRESENTATION FORM

Complete this form and send to [gunjan.tiyyagura@yale.edu](mailto:gunjan.tiyyagura@yale.edu)

<b>Individual Presenting Case:</b>
<b>Organization/Affiliation:</b>
<b>Date:</b>

#### HISTORY OF PRESENT ILLNESS AND PHYSICAL EXAM

Please describe presentation to the ED and the patient's physical findings. What are the reason(s) for presenting this case to the Child Abuse ECHO? (Interesting findings, question about diagnosis, etc.)

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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What are the main questions about this patient or learning objectives for this case?

1. _____ _____
2. _____ _____
3. _____ _____



## Peer Review ECHO

### CASE PRESENTATION FORM

Ethnicity: \_\_\_\_\_

New Case:  Follow Up:

SOCIAL HISTORY (Key aspects, please feel free to expand) \_\_\_\_\_

Language Spoken:  English  Spanish  Other \_\_\_\_\_

Who has custody of the youth?

Parents  Mother  Father  DFCS  DJJ  Other \_\_\_\_\_

Who lives in the home?

\_\_\_\_\_  
\_\_\_\_\_

History of Intimate Partner Violence (IPV)?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

History of Law Enforcement or CPS involvement with the family?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Are caregivers working outside the home?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Does child attend daycare/school?  Yes  No



MEDICAL HISTORY

Recent hospitalizations and ED visits: \_\_\_\_\_  
\_\_\_\_\_

Does patient have a history of trauma? \_\_\_\_\_  
\_\_\_\_\_

Mental Health History: \_\_\_\_\_  
\_\_\_\_\_

Family Behavioral Health History: \_\_\_\_\_  
\_\_\_\_\_

Family Abuse History: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

List Attached

Pertinent Physical Findings: \_\_\_\_\_  
\_\_\_\_\_

Pertinent Lab Findings: \_\_\_\_\_  
\_\_\_\_\_

Other Relevant Information, if applicable:

_____
_____
_____
_____
_____
_____



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AGENCY INVOLVEMENT FOR CURRENT ABUSE ALLEGATION

**Police Interaction:**  Yes  No, Details: \_\_\_\_\_

**CPS Involvement:**  Yes  No, Details: \_\_\_\_\_

**Forensic Interview:**  Yes  No, Details: \_\_\_\_\_

**Other Relevant Information, if applicable:**

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_____
_____
_____
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