**Case Submission Form**

**Please complete this form electronically and email to Melissa Cloyd, Coordinator, at** [ETSUBMATECHO@mail.etsu.edu](mailto:ETSUBMATECHO@mail.etsu.edu) **Thank you!**

Clinical Question:

Chronic Medical/Mental Health Issues/Diagnoses:

If known, Treatment history (inpatient, IOP, AA/NA):

Substance history (past use, current/recent use):

If known, Current Medications/Allergies:

Social History:

* ACEs/PHQ9/GAD7/Other Screenings Score:
* Education:
* Legal hx:
* Housing:
* Job/Work/Disability:
* Support System:

Family History:

Patient Strengths:

Labs:

Patient Goals: