ECHO Care Transitions
Intake Form

Date of Presentation: ____________________________  
ECHO Patient ID#: ____________________________

Skilled Nursing Facility: 
☐  

SNF Presenter Name: ____________________________

1) What issues/concerns do you have about the transition from *hospital* to your facility? Please describe below.

☐ None

☐ Medication related (specify):

☐ Treatment related (specify):

☐ Other (specify):

2) Do you have any medical or treatment-related concerns that have occurred since you admitted the patient that you would like to discuss? Please describe below.

3) Is there an anticipated Discharge Date? ☐ Yes  ☐ No  If Yes, When?

4) What concerns do you have for this patient as they transition from your facility back to home? Please describe below.