

# Lifestyle Coach ECHO Case Presentation Form

Please email completed form to [wellahead.projectecho@la.gov](mailto:wellahead.projectecho@la.gov)  
**Sign Up** for the date that you would like to present this case.  
*Sessions held the second Wednesday of each month at 11:30AM Central Time.*

Presenter Name:

Organization/Program Name:

Email Address:

Organization/Program City & Parish:

Remember not to include any identifiable information on this form.

When we receive your case we will assign a confidential ID number (ECHO ID) that will be utilized to identify the participant.

We are working hard to change the language around diabetes by adopting person-centered, strengths-based, and empowering words and messages. Please avoid using "diabetic", "compliant", "adherent", or "control" when presenting cases. Instead use language such as, "person with pre-diabetes", "diabetes-related", and "he takes his medications about half the time".

We will all learn and practice together - thanks for your support!

ECHO ID # (for internal use only):



# Presenter Information

Presenter Name:

Organization/Program:

How long have you been a trained National Diabetes Prevention Program (DPP) Lifestyle Coach?

Please select the field that best represents your educational background.  
(Select all that apply)

Do you hold any certifications or licenses?  
(select all that apply)

If Other, please list:

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# Program Information

In which parish is the program located/being delivered?

How is the program delivered?

*Online = asynchronous delivery using a virtual platform, communication with Lifestyle Coach is via email, phone call, or text*

*Distance Learning = live classes via videoconference or phone*

On average, how much time do you spend preparing for each session?

What, if any, additional resources have you shared with your participants?  
(select all that apply)

If Other, please list:



# Participant Information

Participant Gender:

Is participant Hispanic or Latino?

Participant Age:

Participant Race:

Participant Current BMI:

Participant Primary Language:

Participant Highest Level of Education:

Does the participant meet all qualifications for NDPP?

Participant Payer(s):  
(Select all that apply)



# Participant Story & Observations

How have you observed this participant to be in session?

What is your participant's story?

Include anything about their background, lifestyle, culture, or health that may help us understand who they are as a person.

*DO NOT INCLUDE ANY IDENTIFIABLE INFORMATION.*

What is your main concern about this participant?

# Participant Activity/ Exercise Information

How much physical activity, on average, is your participant getting each week?

What types of activity does the participant do?

(select all that apply)

Does the participant track their activity?  
If yes, please explain.

Has the participant expressed any barriers to physical activity?  
If yes, please explain.

# Participant Diet/ Nutritional Information

Does the participant turn in a weekly food log?

If yes, please comment on the completeness and quality of measurements, etc.

What barriers to healthy eating has the participant expressed?  
(select all that apply)

If Other, please list:

How many times in a given week does the participant eat outside the home?

How many days per week, on average, does the participant meet the My Plate guidance?

What important information can you share from your nutrition discussions with this participant that would be helpful to know?



# Participant Social/ Emotional Information

Is the participant regularly supported by family or friends?

Please explain any social/emotional information that may be relevant.

Are there other information or concerns you have about the participant that you would like to share?

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