

GYNECOLOGY/OBSTETRICS PRIORITY CRITERIA TOOL

September 2007

Patient Name: _____ HSN: _____

Patient Date of Birth _____ Sex: M F This Form Completed By:
MM DD YYYY Surgeon _____
 Other Clinician _____
 Does your patient want a confirmation letter? If NO check here Office Staff _____

Please check the box that most accurately describes the patient's current situation.

1) Score as proven or suspected cancer **only** if the patient is being treated for a malignancy **or** if clinical features and investigations include malignancy in differential diagnosis. Please check the box that most accurately describes the patient's current situation:

- Patient with proven or suspected invasive cancer.
Priority 1 - 95% of surgeries to be performed within 3 weeks
- Patient with proven or suspected indolent cancer.
Priority 3 - 90% of surgeries to be performed within 3 months
- Patient requires a routine screening or follow-up procedure for cancer detection.
A scheduled procedure to be performed within 12 months.

2) Usual **frequency** of painful episodes/suffering:

- 0 None
- 3 Occasional
- 6 Often
- 9 Constant

3) How **intense** is the pain at its worst?

- 0 No pain
- 4 Mild
- 8 Moderate
- 12 Severe

4) Usual **intensity/frequency** of symptoms (check all that apply):

| | Intensity | | | | Frequency | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | None | Mild | Mod- erate | Severe | None | Occa- sional | Often | Con- stant |
| Menstrual irregularity | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Heavy/prolonged menses | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Frequent urination/dysuria | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Nocturia | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Incontinence | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Sexual dysfunction | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Psychological stress | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Other _____ | 0 <input type="checkbox"/> | 4 <input type="checkbox"/> | 8 <input type="checkbox"/> | 12 <input type="checkbox"/> | 0 <input type="checkbox"/> | 3 <input type="checkbox"/> | 6 <input type="checkbox"/> | 9 <input type="checkbox"/> |

5) Recent history of major complications of condition **OR** significant physical exam results **OR** significant test results:

- 0 No 8 Yes

If yes, please specify _____

6) Life-expectancy implications of condition without procedure:

- 0 Minimal threat to life
- 10 Somewhat reduced life expectancy
- 15 Substantially reduced life expectancy
- 20 Likely to be fatal between six months and two years
- 25 Likely to be fatal within six months

7) Expected quality of life improvement with the procedure:

- 0 None 10 Moderate
- 5 Minimal 20 Major

8) Are there associated factors increasing urgency:

- 0 None 10 Care of dependent parent(s)
- 5 Care of child(ren) 10 Inability to work/earn a living
- 10 Care of dependent spouse