ORAL/MAXILLOFACIAL SURGERY PRIORITY CRITERIA TOOL

September 2007

Patient Name: _____ HSN:_____

Patient Date of Birth ____ _____ _____ (MM DD YYYY) Sex: ☐ M ☐ F

This Form Completed By:
Surgeon _____
Other Clinician _____
Office Staff _____

Does your patient want a confirmation letter? If NO check here ☐

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 ☐ None
1 ☐ Mild
3 ☐ Moderate
4 ☐ Severe

4) Usual **intensity** of other forms of suffering. Please specify form of suffering (check all that apply):

	None	Mild	Moderate	Severe
TMJ symptoms/headache	0☐	5☐	10☐	15☐
Psychological stress associated with cosmetic/functional deformity	0☐	5☐	10☐	15☐
Difficulty in biting/chewing	0☐	5☐	10☐	15☐
Difficulty breathing/OSA Symptoms/risks	0☐	5☐	10☐	15☐
Severity of occlusal abnormalities	0☐	5☐	10☐	15☐

5) Systemic signs of infection 0 ☐ None 5 ☐ Mild 10 ☐ Moderate 15 ☐ Severe

6) Degree of impairment in usual activities due to surgical condition:

0 ☐ Not impaired at all/mildly impaired
5 ☐ Able but difficult and/or somewhat impaired
10 ☐ Able but very difficult and at much reduced level
15 ☐ Totally dependent (unable to perform any usual activities)

7) Importance of timeliness of procedure related to total treatment plan:

0 ☐ Not critical
5 ☐ Somewhat critical
10 ☐ Moderately critical
15 ☐ Extremely critical

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

0 ☐ No 8 ☐ Yes

9) Degree of sociological urgency:

0 ☐ None
3 ☐ Required within 12 months
6 ☐ Required within 6 months
9 ☐ Required within 3 months

10) Expected improvement in quality of life/functionality:

0 ☐ None
4 ☐ Minimal
8 ☐ Moderate
12 ☐ Major