

PLASTIC SURGERY PRIORITY CRITERIA TOOL

September 2007

Patient Name: _____	HSN: _____	
Patient Date of Birth _____ MM DD YYYY	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	This Form Completed By: Surgeon _____ Other Clinician _____ Office Staff _____
Does your patient want a confirmation letter? If NO check here <input type="checkbox"/>		

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

- | | |
|---------------------------------------|-------------------------------------|
| 0 <input type="checkbox"/> None | 0 <input type="checkbox"/> No pain |
| 3 <input type="checkbox"/> Occasional | 4 <input type="checkbox"/> Mild |
| 6 <input type="checkbox"/> Often | 8 <input type="checkbox"/> Moderate |
| 9 <input type="checkbox"/> Constant | 12 <input type="checkbox"/> Severe |

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

	None	Mild	Moderate	Severe
Skin breakdown	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
Infection	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
Psychological stress such as anxiety or depression (peer pressure)	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
Other: _____	0 <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>

- 5) 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)

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

- 0 No 8 Yes

- 7) Life-expectancy implications of condition without procedure:

- 0 Minimal threat to life
10 Patient faces somewhat reduced life expectancy
15 Patient faces substantially reduced life expectancy
20 Patient has condition that is likely to be fatal between six months and two years
25 Patient has condition that is likely to be fatal within six months

- 8) Expected improvement in quality of life with surgery:

- 0 None
5 Minimal
10 Moderate
20 Major