MEDICAL DECISION MAKING

PATIENT NAME:	BIRTH DATE: / /	ID NO.:	DATE: / /

AMOUNT AND COMPLEXITY OF DATA REVIEWED

TEST(S) ORDERED:

- ☐ LABORATORY
  - –CERVICAL CYTOLOGY
  - –HPV TEST
  - –WET MOUNT
  - –CHLAMYDIA
  - –GONORRHEA
  - –OTHER: _____
- ☐ RADIOLOGY/ULTRASOUND
  - –MAMMOGRAM
  - –OTHER: _____

REVIEW OF RECORDS:

- ☐ PREVIOUS TEST RESULTS: _____
- ☐ DISCUSSION OF TEST RESULTS WITH PERFORMING PHYSICIAN: _____
- ☐ OLD RECORDS REVIEWED AND SUMMARIZED: _____
- ☐ HISTORY OBTAINED FROM OTHER SOURCE: _____
- ☐ INDEPENDENT REVIEW OF IMAGE/SPECIMEN: _____

DIAGNOSES/MANAGEMENT OPTIONS

☐ ESTABLISHED PROBLEM ☐ NEW PROBLEM

ASSESSMENT AND PLAN:

RISK OF COMPLICATIONS AND/OR MORBIDITY/MORTALITY:

- ☐ MINIMAL (EG, COLD, ACHES AND PAINS, OVER-THE-COUNTER MEDICATIONS)
- ☐ LOW (EG, CYSTITIS, VAGINITIS, PRESCRIPTION RENEWAL, MINOR SURGERY WITHOUT RISK FACTORS)
- ☐ MODERATE (EG, BREAST MASS, IRREGULAR BLEEDING, HEADACHES, MINOR SURGERY WITH RISK FACTORS, MAJOR SURGERY WITHOUT RISK FACTORS, NEW PRESCRIPTION)
- ☐ HIGH (EG, PELVIC PAIN, RECTAL BLEEDING, MULTIPLE COMPLAINTS, MAJOR SURGERY WITH RISK FACTORS, CHEMOTHERAPY, EMERGENCY SURGERY)

PATIENT COUNSELED ABOUT: ☐ SMOKING CESSATION ☐ CONTRACEPTION ☐ WEIGHT MANAGEMENT ☐ SAFE SEX ☐ EXERCISE ☐ OTHER

☐ **PATIENT EDUCATION MATERIALS PROVIDED**

MINUTES COUNSELED: **TOTAL ENCOUNTER TIME:**

SIGNATURE: **DATE:** / /

American College of Obstetricians and Gynecologists

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