

| Service | Form name                                    | Information Provider needs to fill in  | Documentation/Labs/PreWork/Etc (* if optional)   |
|---------|--|--|--|
| Surgery | Mayo Clinic Breast Cancer Collaboration Form | <p>Reason for consultation: Family History, Hx atypical hyperplasia, Hx LCIS, Hx DCIS, Med Side Effects, Other:</p> <p>Review of symptoms (check all that apply): Hot flashes; night sweats; vaginal dryness; irregular vaginal bleeding</p> <p>Past medical history (check all that apply): High blood pressure; diabetes; tobacco use; heart disease;</p> <p>Date of last mammogram:</p> <p>Breast ultrasound performed? Date:</p> <p>Biopsy performed? Date of pathology report attached:</p> <p>Bone mineral density study performed? Date:</p> <p>Date of last pap smear:</p> <p>Gail Model Risk 5 year: %</p> <p>Gail Model Risk Lifetime: %</p> <p>Counseling: High risk pt: 1-12; Atypia: 1-10; LCIS: 1-10; DCIS: 1-10</p> <p>Recommendations:</p> <p>Lifestyle modifications</p> <p>Continue routine yearly mammogram or earlier diagnostic study per surgeons recommendation</p> <p>Tamoxifen 20 mg per day 3-month supply 4 refills</p> <p>Counseled patient to stop tamoxifen if they are sedentary ( ie surgery, prolonged bed rest or traveling</p> <p>Raloxifene 60 mg per day 3 month supply 4 refills</p> <p>Phone follow-up 4 to 6 weeks</p> <p>Clinical breast exam with primary care provider in ?? Months</p> <p>Bone mineral density study ?? Months (1-2 yrs)</p> <p>Pap smear date months ?? Months (2-3 yrs)</p> <p>Other</p> |  |
| Surgery | Surgery Clinic E-Consultation Form           | <p>Reason for requesting consultation/chief complaint:</p> <p>Relevant past medical history</p> <p>Medication list</p> <p>Additional pertinent information</p>   | <p>Imaging Reports (if applicable)</p> <p>Images sent via Teleradiology (if applicable)</p> <p>Images mailed to the Surgery Clinic on CD (if applicable)</p> |

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|---------|----------------------------------|---|--|
| Surgery | Wound Assessment Consultation    | <p>Wound location:</p> <p>Other wound info:</p> <p>History relevant to wound:</p> <p>Pressure Ulcer Stage: I-IV; DTI (Suspect deep trauma);</p> <p>UNS (unsure, unspecified)</p> <p>Size: (cms) LxWxD</p> <p>Sinus tract/tunneling?</p> <p>Location/amount (cms):</p> <p>Undermining? Location/amount (cms):</p> <p>Exudate: Serous; Seroussanguinous; Purulent. Amount: None; Small (1-33%); Moderate (34-66%); Large (67-100%)</p> <p>Granulation Tissue: Red; pink; pale. Amount: None; Small (1-33%); Moderate (34-66%); Large (67-100%)</p> <p>Yellow Slough/Fibrin: None; Small, Medium; Large</p> <p>Black Necrotic Tissue: None; Small, Medium; Large</p> <p>Exposed Tendon? Exposed bone?</p> <p>Periwound tissue: Macerated? Intact? Warm(above normal)? Necrotic? Indurated? Purple? Rolled?</p> <p>Periwound tissue: Dry? Mottled? Flaking? Scarred?</p> <p>Hyperpigmented? Callused? Edges Irregular?</p> <p>Erythema (cms):</p> <p>Odor? Epithelialization?</p> <p>Wound Outcomes: Healed (epithelial tissue); Surgically closed; Grafted Healed; Grafted w/Partial Take</p> <p>Other:</p> <p>Pain level before dressing change (1-10):</p> <p>Wound care cleanser:</p> <p>Topical application: Antibacterial; Enzymatic Debrider; Hydrogel; Other (list)</p> <p>Wound Packing: Algniate; Silver Petrolatum; Foam; Gauze; Other (list)</p> <p>Wound Cover: Film; Foam; Gauze; Hydrogel</p> <p>Hydrocolloid; non-adherent; other (list)</p> <p>Periwound Prep?</p> <p>Pain level after dressing change (1-10):</p> <p>Additional comments:</p> <p>Negative Pressure Wound Therapy: Foam; Pressure;</p> <p>Periwound Prep</p> |  |
| Urology | Urology Clinic Consultation Form | <p>Reason for requesting consultation/chief complaint:</p> <p>Relevant medical history:</p> <p>Media Sent (via Telerad)?</p>  | Supporting Studies (check appropriate): labs, Xrays, CT, MRI, Ultrasound |