1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

PRIMARY OB-GYN PROVIDER, IF APPLICABLE

VISIT TYPE: GYNECOLOGIC ONCOLOGY CONSULTATION / FOLLOW-UP / SURVEILLANCE VISIT / PRE-OPERATIVE VISIT / POST-OPERATIVE VISIT / CHEMOTHERAPY FOLLOW-UP / TREATMENT PLANNING / TELEHEALTH

CARE SETTING: OUTPATIENT / GYNECOLOGIC ONCOLOGY CLINIC / INFUSION CENTER / HOSPITAL / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

ONCOLOGY CARE TEAM, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CHAPERONE PRESENT, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY GYNECOLOGIC ONCOLOGY CONCERN

Primary gynecologic oncology-related reason for the visit in the patient's own words when possible — pelvic mass, abnormal uterine bleeding, postmenopausal bleeding, abnormal Pap or HPV result, cervical dysplasia, endometrial cancer, ovarian cancer, cervical cancer, vulvar cancer, vaginal cancer, gestational trophoblastic disease, cancer surveillance, treatment planning, chemotherapy follow-up, surgical consultation, post-operative follow-up, recurrence concern, or symptom management...

S SUBJECTIVE

3 ONCOLOGIC SYMPTOMS, CANCER HISTORY & TREATMENT COURSE

3a REASON FOR EVALUATION & ONCOLOGIC HISTORY

Reason for Gynecologic Oncology Evaluation (initial cancer evaluation / pelvic mass / abnormal pathology / abnormal imaging / abnormal cervical screening / treatment planning / chemotherapy monitoring / post-operative follow-up / surveillance / recurrence concern / genetic risk evaluation / palliative or supportive care):

Oncologic History (cancer type, date of diagnosis, stage, grade, histology, biomarker status, receptor or molecular testing, sites of disease, prior pathology, prior imaging, prior treatment summary):

History of Present Illness (symptom onset, duration, severity, progression, associated symptoms, prior evaluation, imaging findings, pathology findings, treatments tried, response, patient concerns):

Current Cancer-Related Symptoms (pelvic pain, abdominal pain, bloating, early satiety, nausea, vomiting, bowel changes, urinary symptoms, vaginal bleeding, vaginal discharge, vulvar lesions, weight loss, fatigue, dyspnea, edema, lymphadenopathy, neuropathy, pain):

3b SITE-SPECIFIC SYMPTOM REVIEW

Bleeding / Discharge Symptoms (postmenopausal bleeding, abnormal uterine bleeding, intermenstrual bleeding, postcoital bleeding, bleeding volume, clotting, duration, frequency, discharge, odor, irritation, associated pelvic pain):

Pelvic Mass / Ovarian Cancer Symptoms (bloating, increasing abdominal girth, early satiety, pelvic pressure, abdominal pain, weight change, bowel changes, urinary frequency, ascites symptoms, family history, imaging history):

Cervical Dysplasia / Cervical Cancer Context (Pap and HPV history, abnormal cytology, HPV subtype, colposcopy results, biopsy or ECC results, prior LEEP or cone procedures, postcoital bleeding, discharge, pelvic pain, surveillance history):

Endometrial Cancer / Hyperplasia Context (abnormal bleeding, menopause status, obesity, PCOS, tamoxifen exposure, hormone therapy use, Lynch syndrome risk, endometrial biopsy results, ultrasound endometrial thickness, prior treatment):

Vulvar / Vaginal Symptoms (itching, burning, pain, lesion, ulcer, mass, bleeding, discharge, dyspareunia, lichen sclerosus history, HPV history, biopsy results, prior topical or surgical treatments):

3c TREATMENT STATUS, TOXICITY & SURVEILLANCE

Treatment History (prior surgery, chemotherapy, radiation therapy, immunotherapy, targeted therapy, hormonal therapy, clinical trial participation, treatment dates, response, complications, dose delays, discontinuation reasons):

Current Treatment Status (active chemotherapy, immunotherapy, targeted therapy, radiation, hormonal therapy, maintenance therapy, surveillance only, treatment hold, palliative or supportive treatment):

Treatment Side Effects / Toxicity (nausea, vomiting, diarrhea, constipation, neuropathy, fatigue, anorexia, mucositis, rash, alopecia, pain, cytopenia symptoms, infection symptoms, bleeding or bruising, thromboembolic symptoms, lymphedema, menopausal symptoms, sexual dysfunction, psychosocial impact):

Post-Operative History, if applicable (surgery date, procedure performed, incision healing, pain, bleeding, discharge, bowel and bladder function, fever, wound concerns, activity restrictions, pathology review, complications):

Surveillance / Recurrence Symptoms (new pain, bleeding, bloating, weight loss, early satiety, cough, dyspnea, neurologic symptoms, lymph node swelling, bowel or bladder changes, imaging and lab surveillance status, patient concerns about recurrence):

3d REPRODUCTIVE, GENETIC, MEDICAL & SOCIAL CONTEXT

Gynecologic and Obstetric History (menstrual history, menopause status, pregnancy history, contraception, hormone therapy, fertility goals, prior gynecologic surgeries, fibroids, endometriosis, abnormal Pap history, STI history, prior pelvic procedures):

Fertility / Sexual Health Considerations (fertility preservation interest, pregnancy goals, ovarian function, menopause symptoms, vaginal dryness, dyspareunia, libido concerns, body image concerns, need for sexual health counseling):

Genetic / Family Cancer History (family history of ovarian, breast, uterine, colon, pancreatic, prostate, melanoma, or other cancers; known BRCA, Lynch syndrome, or other hereditary mutation history):

Medication and Allergy History (oncology medications, antiemetics, pain medications, anticoagulants, hormone therapy, supplements, over-the-counter medications, adherence, side effects, allergies, infusion reactions):

Medical / Surgical History (cardiovascular disease, diabetes, hypertension, renal disease, liver disease, thromboembolic history, pulmonary disease, autoimmune disease, prior abdominal or pelvic surgery, anesthesia complications, conditions affecting oncologic treatment):

Social History / Support (tobacco and nicotine use, alcohol use, substance use, living situation, caregiver support, transportation, work status, financial barriers, advance care planning status, psychosocial distress, safety concerns):

Pertinent Negatives (denies heavy vaginal bleeding, syncope, severe abdominal pain, bowel obstruction symptoms, fever, chest pain, severe dyspnea, unilateral leg swelling, neurologic deficit, uncontrolled pain, suicidal ideation):

ROS GYNECOLOGIC ONCOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Vaginal bleeding, abnormal discharge, pelvic pain, vulvar lesion, dyspareunia, or pelvic pressure	
Abdominal bloating, early satiety, nausea, vomiting, bowel changes, constipation, diarrhea, or weight change	
Urinary frequency, urgency, hematuria, pelvic pressure, or urinary retention	
Fatigue, fever, night sweats, appetite change, infection symptoms, or treatment intolerance	
Neuropathy, weakness, dizziness, headache, focal neurologic symptoms, or functional decline	

Chest pain, dyspnea, palpitations, edema, unilateral leg swelling, or thromboembolic symptoms

Rash, mucositis, alopecia, bruising, bleeding, wound concerns, or infusion reaction symptoms

Anxiety, depression, distress, sleep disturbance, body image concerns, sexual health concerns, or safety concerns

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

BODY SURFACE AREA, IF APPLICABLE

PAIN SCORE, IF APPLICABLE

PERFORMANCE STATUS, IF DOCUMENTED

5a GENERAL & SYSTEMIC EXAMINATION

General Appearance (alertness, distress level, nutritional appearance, body habitus, fatigue appearance, mobility, performance status, overall clinical condition):

Head / Eyes / Ears / Nose / Throat (conjunctival pallor, scleral icterus, oral mucositis, hydration status, lymphadenopathy, treatment-related findings):

Neck / Lymph Nodes (cervical, supraclavicular, axillary, or inguinal lymphadenopathy, masses, tenderness, lymphedema-related findings):

Cardiovascular (rate, rhythm, murmurs, edema, pulses, perfusion, findings relevant to anemia, thromboembolic risk, treatment toxicity, or volume status):

Pulmonary (respiratory effort, breath sounds, crackles, wheezing, pleural effusion signs, oxygen requirement, work of breathing):

Abdomen (distension, tenderness, masses, ascites, hepatosplenomegaly, bowel sounds, guarding, rebound, hernia, surgical scars, ostomy if present, peritoneal signs):

Breast / Chest, if assessed (masses, tenderness, skin changes, surgical scars, lymphadenopathy, exam limitations, chaperone use):

5b PELVIC EXAMINATION

Pelvic Exam, if performed (external genitalia, vulva, vagina, cervix, uterus, adnexa, parametria, pelvic floor, discharge, bleeding, lesions, masses, tenderness, fixation, nodularity, rectovaginal findings, exam limitations, patient tolerance, chaperone use):

Speculum Exam, if performed (vaginal mucosa, cervix or vaginal cuff appearance, bleeding source, discharge, lesion, tumor, friability, radiation changes, atrophy, specimens collected):

Bimanual / Rectovaginal Exam, if performed (uterine size, mobility, tenderness, adnexal mass or tenderness, cul-de-sac nodularity, parametrial involvement, rectovaginal septum findings, pelvic sidewall involvement, exam limitations):

5c EXTREMITIES, SKIN, NEUROLOGIC & PSYCHIATRIC

Extremities (edema, lymphedema, calf tenderness, asymmetry, weakness, neuropathy findings, thromboembolic concern):

Skin / Surgical Sites (incision healing, erythema, drainage, dehiscence, bruising, rash, port site condition, radiation skin changes, pressure injury, infection signs):

Neurologic (mental status, strength, sensation, gait, neuropathy findings, focal deficits, treatment-related neurologic concerns):

Psychiatric (mood, affect, distress level, coping, anxiety, depression symptoms, insight, judgment, safety concerns):

CS CANCER STAGING / DISEASE STATUS

6 ONCOLOGIC STAGING & DISEASE STATUS

Cancer type and primary site

Histology and grade

FIGO stage / TNM stage

Disease sites

Biomarker or molecular testing results

Genetic testing results when relevant

Initial versus recurrent disease

Treatment intent: curative / adjuvant / neoadjuvant / maintenance / palliative / surveillance

Response status: complete response / partial response / stable disease / progression / no evidence of disease

Date and source of staging information

Limitations or pending results

TT TREATMENT / TOXICITY ASSESSMENT

7 CURRENT TREATMENT PLAN & TOXICITY MONITORING

Current regimen and cycle number if applicable

Last treatment date and next planned treatment date

Dose modifications, delays, or holds

Treatment response

Side effects and grade when documented

Neuropathy assessment

Nausea and vomiting control

Bowel function

Cytopenia symptoms

Infection risk

Thromboembolic risk

Renal, hepatic, cardiac, pulmonary, or endocrine toxicity monitoring

Port or line status if applicable

Supportive medications and adherence

Patient tolerance and functional impact

PR PROCEDURES PERFORMED, IF APPLICABLE

8 PROCEDURE DOCUMENTATION

Procedure name, indication, consent, chaperone use, anesthesia if used:

Technique, specimens obtained, and findings:

Patient tolerance, complications, aftercare instructions, and follow-up plan:

8a COMMON PROCEDURES

Pelvic exam under anesthesia planning or follow-up

Cervical biopsy

Endometrial biopsy

Vulvar biopsy

Vaginal biopsy

Colposcopy

Pap / HPV collection

Vaginal cuff biopsy

Port evaluation

Wound check / staple removal

Pessary or vaginal dilator counseling if relevant

Paracentesis coordination or review

Chemotherapy consent discussion

SV SURVEILLANCE ASSESSMENT, IF APPLICABLE

9 CANCER SURVEILLANCE DETAILS

Cancer type and treatment completion date

Surveillance interval

Symptoms of recurrence reviewed

Physical exam findings

Tumor marker trends when applicable

Imaging results and timing

Pap, HPV, or cytology surveillance when applicable

Late treatment effects

Lymphedema status

Sexual health and menopausal symptoms

Survivorship care needs

Health maintenance and screening needs

Next surveillance plan

ST SCREENING / ASSESSMENT TOOLS

10 STANDARDIZED TOOLS & INTERPRETATION

ECOG performance status

Karnofsky performance status

Distress thermometer

PHQ-9

GAD-7

Pain scale

Neuropathy assessment scale

Nutrition screening

Fall risk screening

Lymphedema assessment

Sexual function or vaginal health questionnaire when used

Social determinants of health screening

Advance care planning assessment

Score, result, interpretation, comparison to prior results, and limitations:

L LABORATORY AND DIAGNOSTIC RESULTS

11 RESULTS REVIEWED OR ORDERED

Pathology (biopsy results, surgical pathology, cytology, Pap and HPV results, tumor histology, grade, margins, lymphovascular invasion, nodal status, receptor status, molecular testing, pending pathology):

Tumor Markers (CA-125, HE4, CEA, CA 19-9, beta-hCG, AFP, LDH, inhibin, or other disease-specific markers with trend interpretation):

Treatment Monitoring Labs (CBC with differential, CMP, renal function, liver function, electrolytes, magnesium, coagulation studies, urinalysis, thyroid and endocrine labs for immunotherapy, chemotherapy-specific monitoring):

Imaging (pelvic ultrasound, CT chest / abdomen / pelvis, MRI pelvis, PET/CT, chest imaging, bone scan, disease-specific surveillance imaging):

Genetic / Molecular Testing (BRCA, Lynch syndrome, HRD, MSI/MMR status, HER2, ER/PR, PD-L1, NTRK, tumor sequencing, germline or somatic results):

Procedure / Operative Records (operative report, staging procedure details, lymph node assessment, debulking status, residual disease, complications, post-operative course):

Prior Records Reviewed (OB-GYN notes, oncology notes, chemotherapy records, radiation oncology notes, operative reports, pathology reports, imaging reports, genetic counseling notes, lab trends, medication history, outside records):

A ASSESSMENT

12 GYNECOLOGIC ONCOLOGY CLINICAL INTERPRETATION

Primary gynecologic oncology diagnosis or working diagnosis. Cancer stage, grade, histology, and disease status when known. Differential diagnoses considered for pelvic mass, bleeding, lesion, abnormal cytology, or recurrent symptoms. Treatment response, treatment tolerance, and toxicity concerns. Surgical candidacy or post-operative recovery status. Surveillance status and evidence for or against recurrence. Tumor marker, imaging, pathology, and exam correlation. Genetic or hereditary cancer risk considerations. Fertility, menopausal, sexual health, survivorship, or quality-of-life considerations. Psychosocial distress, support needs, and advance care planning needs when relevant. Need for additional imaging, biopsy, surgery, chemotherapy, radiation, immunotherapy, targeted therapy, genetic counseling, supportive care, palliative care, or urgent escalation...

P PLAN

13 MANAGEMENT BY PROBLEM

Diagnostic plan (imaging, tumor markers, biopsy, pathology review, molecular testing, genetic testing, staging evaluation, referral for additional workup). Treatment planning (surgical approach, chemotherapy, radiation, immunotherapy, targeted therapy, hormonal therapy, clinical trial consideration, maintenance therapy, or observation and surveillance). Surgical plan (procedure recommendation, risks and benefits, alternatives, consent, pre-operative clearance, ERAS instructions, bowel preparation, perioperative medication management, blood product planning, post-operative expectations). Chemotherapy or systemic therapy plan (regimen, cycle schedule, dose modifications, toxicity monitoring, antiemetics, infusion precautions, lab monitoring, port needs, criteria for treatment hold). Radiation oncology plan (referral, treatment field considerations, expected side effects, vaginal dilator counseling, coordination with systemic therapy). Surveillance plan (exam interval, tumor marker monitoring, imaging schedule, symptom monitoring, cytology when indicated, recurrence precautions). Symptom management plan (pain control, nausea and vomiting, bowel regimen, neuropathy, fatigue, nutrition support, sleep, menopausal symptoms, sexual health, lymphedema, psychosocial support). Post-

operative plan. Genetic counseling plan (germline testing, tumor testing, family risk counseling, cascade testing, hereditary cancer screening). Fertility, menopause, and sexual health plan. Supportive and palliative care plan (goals-of-care discussion, symptom control, advance care planning, social work, nutrition, financial counseling, home support, hospice discussion when appropriate). Referral and care coordination. Patient education on diagnosis, stage, prognosis when discussed, treatment options, expected side effects, monitoring schedule, warning signs, fertility and sexual health issues, survivorship needs, and when to seek urgent or emergency care…

F FOLLOW-UP

14 REASSESSMENT PLAN

Follow-up timeframe and purpose (pathology review, imaging review, tumor marker review, pre-operative planning, post-operative check, chemotherapy clearance, toxicity reassessment, surveillance visit, recurrence evaluation, genetic counseling follow-up, urgent return precautions):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

ONCOLOGY COUNSELING TIME

TREATMENT PLANNING TIME

CHEMOTHERAPY / SYSTEMIC THERAPY COUNSELING TIME, IF APPLICABLE

SURGICAL COUNSELING TIME, IF APPLICABLE

GENETIC COUNSELING COORDINATION TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

E/M LEVEL: 99202–99205 / 99212–99215

PROCEDURE CODE(S), IF APPLICABLE

CHEMOTHERAPY / INFUSION MANAGEMENT CODE(S), IF APPLICABLE

SURGICAL PLANNING CODE(S), IF APPLICABLE

CARE COORDINATION / GENETIC COUNSELING CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PROCEDURE-BASED / TREATMENT PLANNING / SURVEILLANCE / CARE COORDINATION

PRIMARY GYNECOLOGIC ONCOLOGY DIAGNOSIS CODE

CANCER STAGE / TREATMENT / SURVEILLANCE / SYMPTOM DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: GYNECOLOGIC ONCOLOGY

DATE

TIME

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