

Informed Decision Making Form



Pennsylvania
MEDICAL SOCIETY®

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My Physician, Certified Registered Nurse Practitioner (CRNP) or Physician Assistant (PA) has advised me to get the following, as checked below. **I understand that if I don't get these things, serious problems might happen to me such as:**

- Increasing the chance of getting a disease or a complication of a disease
- Getting cancer that could have been prevented
- Failing to discover a cancer at an earlier stage that could lead to a decrease in how long I live or a need for more treatments

Recommended:

Declined

Initial

Colorectal Cancer Screening

- | | | |
|---|--------------------------|-------|
| <input type="checkbox"/> Colonoscopy—exam of the inner surface of colon | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Stool Test (e.g. FOBT, FIT, DNA)—an early warning test done at home using stool put on cards and tested in the lab for abnormalities | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Flexible Sigmoidoscopy—exam of the inside of the lower part of the colon | <input type="checkbox"/> | _____ |

Women's Cancer Screening

- | | | |
|--|--------------------------|-------|
| <input type="checkbox"/> Cervical Cancer Screening—Pap Smear | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Breast Cancer Screening—Mammography | | |

Diabetes Screening

- | | | |
|--|--------------------------|-------|
| <input type="checkbox"/> Hemoglobin A1C—blood test that checks average blood sugar levels | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Dilated Eye Exam—provides early warning on glaucoma and/or certain eye complications of diabetes that can lead to blindness | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Foot Exam—to check the foot's nerves, blood circulation and skin | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Urine Test—to help find early, prevent and manage kidney problems caused by diabetes | <input type="checkbox"/> | _____ |

Vaccines

- | | | |
|--|--------------------------|-------|
| <input type="checkbox"/> Influenza (flu)—vaccine to prevent most forms of influenza | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Pneumovax (pneumonia)—vaccine to reduce the chance of getting the most common form of pneumonia | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Other Vaccine | <input type="checkbox"/> | _____ |

Other Screenings

- | | | |
|---|--------------------------|-------|
| <input type="checkbox"/> DEXA Scan—detect thinning of the bones that can lead to broken bones | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Cholesterol Test—blood test to find high levels of fat in the blood that can lead to heart disease, stroke, or other blood vessel blockage | <input type="checkbox"/> | _____ |

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Recommended:

Declined

Initial

Other screening test or treatment as recommended by my health care provider

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

I agree that I have read this whole document and had the chance to discuss the benefits of the recommended care and the risks of not getting the care with my physician, CRNP or PA, who has answered all my questions.

Even knowing all this, I have decided at this time to not get the recommended things marked above and have initialed the appropriate box next to the column entitled "declined," I know that my decision to not follow my provider's recommendations may endanger my health or my life.

I know that I may change my decision and have the recommended tests and/or treatments at any time in the future.

Patient Signature _____ Signature Date _____

Physician/CRNP/PA Signature _____ Date _____

Need Help? Please contact our Knowledge Center at (800) 228-7823
or KnowledgeCenter@pamedsoc.org.



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