

BPH and Prostate Cancer Questionnaire

Name Male Female Age _____ Date of Birth _____

Tobacco Use No Cigarettes Other tobacco _____ Date quit? _____

State _____ Amount of Insurance _____ Type of Insurance _____

A. BPH

1. Diagnosed with BPH? Yes No Date diagnosed? _____

2. Last 3 PSA readings including dates? _____

3. Last 3 Free PSA Readings? _____% _____% _____%

4. Biopsy (Bx) completed? Yes No – Dates: _____ Results of Bx _____

B. Prostate Cancer

1. Date Prostate Cancer diagnosed? _____ PSA when cancer diagnosed? _____ Date of last treatment: _____

2. Stage of Cancer: A1 A2 B1 B2 C D

3. Gleason Grade (total): 1-2 3-5 6-7 8-10

4. Any Recurrence? No Yes – Details: _____

5. Any metastases? No Yes

6. Treatment:

Observation only TURP (transurethral prostatectomy)- Date: _____

Radical Prostatectomy- Date: _____ Radiation- Date: _____

Hormone Therapy- Dates: _____

7. Highest PSA test result: _____ Most recent PSA test result: _____ Most recent “free PSA” test result: _____

General Questions:

1. Do you have any other major health problems? No Yes – Details: _____

2. List all medications: _____

3. Height _____ Weight _____ Most recent blood pressure reading: _____

Agent Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____