

**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:** \_\_\_\_\_