

PROSTATE CANCER HISTORY

NAME: _____ DATE (mm/dd/yy) ____/____/____

The following information is for you use in providing a history and/or select data to requesting individuals on the list, and with your consent, for statistical analysis. All information submitted will be retained in confidence by the list moderator and the designated list statistician only, and will be released to no one else without your specific knowledge or consent.

WHEN DIAGNOSED (yyyymm): _____ PSA AT DIAGNOSIS: _____

WHAT PROMPTED SUSPICION OF PC – DRE, PSA, BOTH? _____

WAS THE PSA INCREASE SUDDEN OR GRADUAL? _____

BIOPSY RESULT - TOTAL SAMPLES: _____, NUMBER POSITIVE: _____

GLEASON SCORE(S) _____

CANCER SPREAD BEYOND PROSTATE – N: ____, Y: ____, WHERE? _____

PRIORITIZE YOUR TREATMENT GOALS (1-4): __ CURE, __ BLADDER/BOWEL CONTROL,
__ SEX, __ OTHER – SPECIFY _____

TREATMENTS CONSIDERED (MEDICAL AND NON-MEDICAL): _____

TREATMENT(S) CHOSEN: _____

TREATMENT START DATE (mm/dd/yy): ____/____/____ LOCATION: _____

RESULTS/PROGNOSIS _____

PSA TESTS AFTER - 3 MO. _____ 6 MO. _____ 9 MO. _____ 12 MO. _____

18 MO. _____ 24 MO. _____ 36 MO. _____ 48 MO. _____

PARTICIPATION IN LOCAL SUPPORT GROUP? (Y/N) ____ HELPFUL? _____

RECURRENCE? (Y/N) _____ WHEN? (yyyymm) _____ TYPE? _____

TREATMENT DATE(S) (mm/dd/yy) _____ TYPE: _____

COMMENTS, OBSERVATIONS, SUGGESTIONS?

ABOVE INFORMATION MAY BE RELEASED TO: LIST STATISTICIAN – YES ____ NO ____

LIST MEMBERS – YES ____ NO ____

SIGNED: _____