

# Prostate Cancer

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has Prostate Cancer, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_

2. How was the cancer treated?

observation only

TURP (transurethral prostatectomy)

radical prostatectomy

radiation therapy (seed implant or external beam radiation)

hormone therapy

other, please specify \_\_\_\_\_

3. Is your client on any medications?

yes, please give details \_\_\_\_\_

no

4. What stage was the cancer?

5. What was the Gleason score?

6. Please give the date and result of the most recent PSA test:

7. What was the PSA prior to treatment?

8. Does your client have any other major health problems (ex: heart disease, etc.)?

yes, please give details \_\_\_\_\_

no