

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 _____

Occupation/Source of income: _____

1. Date Prostate 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:** _____