

**Prostate Cancer Patient Consultation Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**DETECTION:**

Symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial PSA: \_\_\_\_\_ Normal Range: \_\_\_\_\_ Most Recent PSA: \_\_\_\_\_

Free vs. Bound PSA: \_\_\_\_\_

**EVALUATION:**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Positive DRE?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Endo-rectal MRI?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ CT pelvis/abdomen?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Bone scan?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Chest X-ray?

Prostascint Imaging? Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

RT-PCR Blood Assay? Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

PAP (prostatic acid phosphatase) results: \_\_\_\_\_ Normal range: \_\_\_\_\_

Serum chemistries results:

BUN Creatine: \_\_\_\_\_ / \_\_\_\_\_

Alkaline phosphatase: \_\_\_\_\_ (nl to \_\_\_\_\_)

LDH \_\_\_\_\_ (nl to \_\_\_\_\_)

Hematocrit \_\_\_\_\_

Platelet count \_\_\_\_\_

Needle biopsy performed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Number of cores: \_\_\_\_\_

Pathology comments:

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**DIAGNOSIS:**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Prostate Cancer?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Right Lobe involved?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ More than 1/2 of lobe?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Left Lobe involved?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ More than 1/2 of lobe?

Tumor size: \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Seminal Vesicle involved?

DNA Ploidy Analysis: Diploid \_\_\_\_\_ Aneuploid \_\_\_\_\_ Tetraploid \_\_\_\_\_

Gleason Grade: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

Stage: \_\_\_\_\_

Partin Table Score: \_\_\_\_\_

**TREATMENT:**

Detail any previous treatments for prostate cancer or any other urological condition:

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What are the options available to me:

- \_\_\_\_\_ Radical Prostatectomy
- \_\_\_\_\_ Laparoscopic Radical Prostatectomy
- \_\_\_\_\_ Cryo-Surgery
- \_\_\_\_\_ Conformal Beam Radiation
- \_\_\_\_\_ Radiation Seed Implants (brachytherapy)
- \_\_\_\_\_ Hormonal Therapy
- \_\_\_\_\_ Combination Hormonal Blockade
- \_\_\_\_\_ Intermittent Hormonal Therapy
- \_\_\_\_\_ Chemotherapy
- \_\_\_\_\_ Combination Chemotherapeutic Protocol
- \_\_\_\_\_ Clinical Trial

\_\_\_\_\_ Watchful Waiting (monitored by physician)  
\_\_\_\_\_ Other \_\_\_\_\_

Do you recommend hormonal therapy prior to, or after, the treatment selected?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Why?  
\_\_\_\_\_

What are the side-effects to the recommended treatment?:  
incontinence: \_\_\_\_\_

sexual dysfunction:  
\_\_\_\_\_

other:  
\_\_\_\_\_

How many of these procedures have you done? \_\_\_\_ How frequently now? \_\_\_\_\_

What is the prognosis for  
:  
survival \_\_\_\_\_

recurrence \_\_\_\_\_

2nd opinion options:

Urological oncologist

\_\_\_\_\_

- Radiation oncologist

\_\_\_\_\_

- Medical (genito-urinary) oncologist

\_\_\_\_\_

- Alternative/Complementary Medicine specialist

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_