



**MEDICAL INFORMATION: WHAT YOU DO NOT HAVE, PLEASE NOTE AS NA for NOT APPLICABLE**

Diagnosis Date: \_\_\_\_\_

PSA at Diagnosis: \_\_\_\_\_

**Last Three (3) PSA Results:**

Date			
PSA Results			

**IF YOU HAVE A PATHOLOGY REPORT, SEND IT TO US WITH THIS FORM**

Gleason Score at Diagnosis: \_\_\_\_\_

Number of Cores Biopsied: \_\_\_\_\_

Number with PC in them: \_\_\_\_\_

Results of Digital Rectal Exam (Clinical Stage): \_\_\_\_\_

Bone Scan, if Done (Date and Results): \_\_\_\_\_

CAT Scan, if Done (Date and Results): \_\_\_\_\_

Endorectal MRI, if Done (Date and Results): \_\_\_\_\_

Initial Treatment (Date and what was done—If RP, RT or Hormone Blockade, provide as many details as possible).

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Subsequent Treatment (provide as many details as possible):

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Current Therapy:

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Comments:

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