



**MEDICAL INFORMATION: What you do not have, please note as NA for Not Available**

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

Last THREE PSA Results:

Date			
PSA Results			

Gleason Score at Diagnosis: \_\_\_\_\_ If you have a pathology report, send it to us with this form

Number of Cores Biopsied: \_\_\_\_\_ Number with PC in them: \_\_\_\_\_

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

Ploidy Results from Biopsy (aneuploid, diploid, or tetraploid) \_\_\_\_\_

PAP or other Markers Done after Diagnosis: \_\_\_\_\_

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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