

## Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Information about Your Prostate Cancer

Use this worksheet to keep track of the basic information about your prostate cancer. You will need this information when making a decision regarding treatment.

Date of Diagnosis: \_\_\_\_\_ PSA Level at Diagnosis: \_\_\_\_\_

Biopsy Date: \_\_\_\_\_ Gleason Score: \_\_\_\_\_

Stage at Diagnosis: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Medications: \_\_\_\_\_

Nodal Involvement?      Yes [ ]                      No [ ]

Mestastases?              Yes [ ]                      No [ ]

Risk Group (*check one*)      Low-Risk [ ]              Intermediate-Risk [ ]              High-Risk [ ]

## Diagnosing Physician

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

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please visit our website for additional information on prostate cancer and to view our interactive charts to help you make your treatment decision.

[www.prostatecancerfree.org](http://www.prostatecancerfree.org)

It is very important to seek more than one opinion regarding treatment.  
Be sure to explore all of your options.

Doctor: \_\_\_\_\_ Specialty: Urologist (Surgeon)

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

Phone: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

Diagnostic Tests: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Specialty: Radiation Oncologist

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

Phone: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

Diagnostic Tests: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Specialty: Medical Oncologist

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

Phone: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

Diagnostic Tests: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please visit our website for additional information on prostate cancer and to view our interactive charts to help you make your treatment decision.

[www.prostatecancerfree.org](http://www.prostatecancerfree.org)

# DOCTOR VISIT RECORD

It is very important to seek more than one opinion regarding treatment.  
Be sure to explore all of your options.

Doctor: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

Diagnostic Tests: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

Diagnostic Tests: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Appointment Date & Time: \_\_\_\_\_

Diagnostic Tests: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Please visit our website for additional information on prostate cancer and to view our interactive charts to help you make your treatment decision.