

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROSTATE NODULE/ELEVATED PSA**

CHIEF COMPLAINT: \_\_\_\_\_

PSA LEVEL: \_\_\_\_\_ PREVIOUS PSA LEVEL: \_\_\_\_\_

PREVIOUS RECTAL EXAM: YES \_\_\_\_\_ NO \_\_\_\_\_ FINDINGS: \_\_\_\_\_

PREVIOUS PROSTATE US: YES \_\_\_\_\_ NO \_\_\_\_\_ FINDINGS: \_\_\_\_\_

PREVIOUS PROSTATE BIOPSIES: YES \_\_\_\_\_ NO \_\_\_\_\_ FINDINGS: \_\_\_\_\_

REASON FOR PROSTATE EXAM:

ROUTINE: \_\_\_\_\_ SYMPTOMATIC: \_\_\_\_\_ SYMPTOMS: \_\_\_\_\_

REASON FOR PSA:

ROUTINE: \_\_\_\_\_ SYMPTOMATIC: \_\_\_\_\_ SYMPTOMS: \_\_\_\_\_

**HISTORY OF:**

UTI: YES \_\_\_\_\_ NO \_\_\_\_\_

PROSTATE SURGERY: YES \_\_\_\_\_ NO \_\_\_\_\_

FAMILY HX OF PROSTATE CA: YES \_\_\_\_\_ NO \_\_\_\_\_

WEIGHT LOSS/GAIN: YES \_\_\_\_\_ NO \_\_\_\_\_

VOIDING HISTORY: \_\_\_\_\_

STREAM: \_\_\_\_\_ DAYTIME VOIDS: \_\_\_\_\_

HESITANCY: YES \_\_\_\_\_ NO \_\_\_\_\_

STRAINING: YES \_\_\_\_\_ NO \_\_\_\_\_

DYSURIA: YES \_\_\_\_\_ NO \_\_\_\_\_

VOID TO COMPLETION: YES \_\_\_\_\_ NO \_\_\_\_\_

INTERMITTENCY: YES \_\_\_\_\_ NO \_\_\_\_\_

HEMATURIA: YES \_\_\_\_\_ NO \_\_\_\_\_

NOCTURIA: YES \_\_\_\_\_ NO \_\_\_\_\_

Patient Name:

Date of Birth: