

PATIENT NAME: _____ DOB: _____ DATE: _____

CHIEF COMPLAINT: PROSTATE CANCER FOLLOW UP VISIT

AGE: _____

DIAGNOSIS INFO: DATE: _____ PSA: _____ GI SCORE: _____

CLINICAL/PATHOLOGIC STAGE: _____

TREATMENT INFO: DATE: _____ TYPE: _____

MOST RECENT PSA LEVEL: _____

ANY HEALTH CHANGES SINCE LAST OV: NO _____ YES _____

SURGERY/HOSPITALIZATIONS SINCE LAST OV: NO _____ YES _____

MEDICATIONS: _____

VOIDING CHANGES: NO _____ YES _____

NOCTURIA: _____ STREAM: _____

DAYTIME FREQUENCY: _____ STRAINING: _____

DYSURIA: _____ INTERMITTENCY: _____

HEMATURIA: _____ INCOMPLETE EMPTYING: _____

URGENCY: _____ INCONTINENCE: _____

ROS:

WEIGHT LOSS/GAIN: NO _____ YES _____

BOWEL PROBLEMS: NO _____ YES _____

BONE PAIN: NO _____ YES _____

PE: - WT: _____ HR: _____ BP: _____ R: _____

GENERAL APPEARANCE: NORMAL _____ ABNORMAL _____

ORIENTATION: NORMAL _____ ABNORMAL _____

MOOD & AFFECT: NORMAL _____ ABNORMAL _____

NECK: NORMAL _____ ABNORMAL _____

THYROID: NORMAL _____ ABNORMAL _____

LYMPHATIC (NECK): NORMAL _____ ABNORMAL _____

GROIN: NORMAL _____ ABNORMAL _____

ABDOMEN: TENDER: NO _____ YES _____ MASS: NO _____ YES _____

HERNIA: NO _____ YES _____

BLADDER/KIDNEYS: NORMAL _____ ABNORMAL _____

LIVER/SPLEEN: NORMAL _____ ABNORMAL _____

STOOL: NOT INDICATED: _____ COLLECTED: _____

GU: PENIS NORMAL _____ ABNORMAL _____

URETHRAL MEATUS: NORMAL _____ ABNORMAL _____

SCROTUM: NORMAL _____ ABNORMAL _____

TESTES: NORMAL _____ ABNORMAL _____

EPIDIDYMIDES: NORMAL _____ ABNORMAL _____

ANUS & PERINEUM: NORMAL _____ ABNORMAL _____

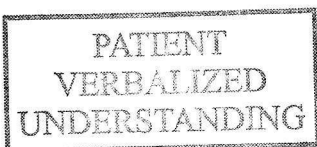
SPHINCTER TONE: NORMAL _____ ABNORMAL _____

PROSTATE: SIZE: _____ CONSISTENCY: _____

SEMINAL VESICLES: NORMAL _____ ABNORMAL _____

IMPRESSION:

PLAN:



Patient Name: _____

Date of Birth: _____