

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

**CHIEF COMPLAINT: PROSTATE NODULE/ELEVATED PSA/BPH FOLLOW UP VISIT**

AGE: \_\_\_\_\_ MOST RECENT PSA LEVEL: \_\_\_\_\_

ANY HEALTH CHANGES SINCE LAST OV: NO \_\_\_\_\_ YES \_\_\_\_\_  
SURGERY/HOSPITALIZATION SINCE LAST OV: NO \_\_\_\_\_ YES \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

FAMILY HISTORY OF PROSTATE CANCER: NO \_\_\_\_\_ YES \_\_\_\_\_

PREVIOUS TRUS OR BIOPSIES: NO \_\_\_\_\_ YES \_\_\_\_\_

VOIDING CHANGES: NO \_\_\_\_\_ YES \_\_\_\_\_

STREAM: \_\_\_\_\_ DYSURIA: \_\_\_\_\_

STRAINING: \_\_\_\_\_ DAYTIME FREQUENCY: \_\_\_\_\_

INTERMITTENCY: \_\_\_\_\_ NOCTURIA: \_\_\_\_\_

HEMATURIA: \_\_\_\_\_ INCOMPLETE VOIDING: \_\_\_\_\_

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:**

Provider Signature: \_\_\_\_\_

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

Time: \_\_\_\_\_

**PLAN:**

**PATIENT  
VERBALIZED  
UNDERSTANDING**

Patient Name: \_\_\_\_\_

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