



## ELEVATED PSA QUESTIONNAIRE

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_

Date PSA was first known to be elevated? \_\_\_\_\_

Original PSA reading: \_\_\_\_\_

Current PSA: \_\_\_\_\_

Current %Free PSA if known: \_\_\_\_\_

Have you had any of the following (check all that apply)?

- ☐ Prostate exam by a urologist (Date of most recent: \_\_\_\_\_)
- ☐ Prostate ultrasound (Dates: \_\_\_\_\_)
- ☐ Prostate biopsy (Dates: \_\_\_\_\_)
- ☐ TURP (transurethral resection of the prostate) (Date: \_\_\_\_\_)
- ☐ Prostate MRI (Dates: \_\_\_\_\_)

Have you ever had any of the following diagnosed (check all that apply)?

- ☐ BPH (benign prostatic hypertrophy)
- ☐ Chronic prostatitis
- ☐ ASAP (atypical small acinar proliferation)
- ☐ Prostate cancer (Complete the prostate cancer questionnaire)

What were results of any prostate exam (check all that apply)?

- ☐ Benign/normal
- ☐ Enlarged prostate
- ☐ Lump, tumor, mass or nodule felt
- ☐ Induration of the prostate gland
- ☐ Irregular appearing prostate or asymmetry

What were the results of any prostate biopsy(s) or TURP?

- ☐ Benign
- ☐ LGPIN (low grade prostatic intraepithelial neoplasia)
- ☐ HGPIN (high grade prostatic intraepithelial neoplasia)
- ☐ Prostate cancer (Complete the prostate cancer questionnaire)

Do you currently use any type of nicotine/tobacco products? YES ☐ NO ☐

If yes, type of tobacco used?

Cigarettes ☐ Cigars ☐ Chew ☐ Pipe ☐ Patch/gum ☐ Electronic ☐

If no, have you ever used nicotine/tobacco in the past? YES ☐ NO ☐

Type used & date quit: \_\_\_\_\_

Any other major health impairments? \_\_\_\_\_

\_\_\_\_\_

List all medications: \_\_\_\_\_

\_\_\_\_\_

\*Please attach copies of any testing including pathology reports of any prostate biopsies and PSA readings if possible. You can also use the chart below to document the PSA trend if known. Please include as many readings as possible.

PSA trend (most recent noted first):

<u>Date</u>	<u>PSA</u>	<u>%Free PSA</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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