



### 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: \_\_\_\_\_

