



PROSTATE MRI HISTORY FORM

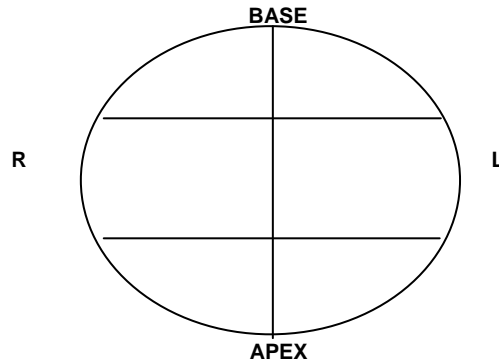
- 1) Current PSA level: _____ Date: _____
 Bone Scan? Yes No Date: _____
 Pelvic CT? Yes No Date: _____
 Ultrasound? Yes No Date: _____

PSA History

Level	Date

- 2) Positive Biopsy? Yes No Date: _____

On the diagram, mark positive areas with
 Gleason score and sum, if known.



Total # of negative cores: _____

Total # of positive cores: _____

- 3) Other biopsy dates and results?

- 4) What kind of therapy has been delivered?

No therapy /watchful waiting/diet or herbal therapy

Surgery Date: _____ Type: _____

Radiation Date (start and stop): _____ Type _____ with hormones

Date (start and stop): _____ Type _____ with hormones

Hormone Therapy:

__Lupron: (start _____) (end _____ or ongoing) __Flutamide: (start _____)(end _____ or ongoing)

__Casodex: (start _____) (end _____ or ongoing) __Zolodex: (start _____)(end _____ or ongoing)

__Orchiectomy: _____ (date _____)

Other Therapies:

Proscar: (start _____)(end _____ or ongoing) PC Spes: (start _____)(end _____ or ongoing)

Other: _____ (if experimental)