

CANCER—PROSTATE

CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. Date of diagnosis: _____
2. What was the pretreatment PSA?
3. How was the cancer treated?
 observation only
 TURP (transurethral prostatectomy)
 radical prostatectomy
 radiation therapy (seed implant or external beam radiation)
4. What is date and result of the most current PSA test?
5. What was the Gleason score?
6. What stage was the cancer?
7. Is there a family history of cancer?
8. What medications is client taking? (accurate name, dosage, and reason)
9. Are there any other health problems? (additional questionnaires may be required)

If you have pathology reports available, submit them with this questionnaire.



Phone: 1-888-227-3131 Ext. 600

Fax: 215-233-3683

Email: LIFE@ABSgo.com