Southwest Oncology ENTERS

THE FOLLOWING QUESTIONS ARE RELATED TO YOUR PROSTATE HISTORY

1. Have you ever been screened for prostate cancer? ☐ YES ☐ NO
2. Have you ever had a PSA test? If YES, date of the last PSA: _____
3. Have you ever had a rectal exam? If YES, when: _____
4. Have you ever had an infection in your prostate? If YES, when: _____
5. Have you ever had a prostate biopsy? If YES, when: _____
6. Have you ever had a prostate operation? If YES, when was it done & what did you have done: _____

   _____
7. Do you have any relatives who have prostate cancer? (please check all that apply):

	☐ BROTHER	☐ SON	☐ FATHER
Your father's family:	☐ GRANDFATHER	☐ COUSIN	☐ UNCLE
Your mother's family:	☐ GRANDFATHER	☐ COUSIN	☐ UNCLE

8. Have you ever had any type of cancer diagnosis? If YES, what type?: _____

   What was the treatment and date: _____
9. Race (please check all that apply):
   - ☐ Caucasian
   - ☐ Hispanic
   - ☐ Black (not of Hispanic origin)
   - ☐ Asian or Pacific Islander
   - ☐ American Indian or Alaskan Native
   - ☐ Other
10. Please answer all the questions that you can:

☐ YES	☐ NO	Pain or burning with urination	☐ YES	☐ NO	Kidney stone
☐ YES	☐ NO	Blood in urine at any time	☐ YES	☐ NO	Tuberculosis
☐ YES	☐ NO	Slow urinary stream	☐ YES	☐ NO	Recent fever or chills
☐ YES	☐ NO	Difficulty starting urination	☐ YES	☐ NO	Urinating too frequently (more than 6 times a day)
☐ YES	☐ NO	Inability to hold urine	☐ YES	☐ NO	Awakening at night to urinate more than once
☐ YES	☐ NO	Bed wetting	☐ YES	☐ NO	Have you ever been to a urologist before?
☐ YES	☐ NO	Kidney infections	☐ YES	☐ NO	Have you ever had kidney or bladder x-rays?
☐ YES	☐ NO	Bladder infections	☐ YES	☐ NO	Have you ever had any venereal diseases (VD)?
☐ YES	☐ NO	Difficulty with erections	☐ YES	☐ NO	Have you ever had any prostate infections?
☐ YES	☐ NO	Discharge from penis	☐ YES	☐ NO	Do you drink a lot of fluids?

Would you be interested in being a reference for future prostate brachytherapy patients? ☐ YES ☐ NO

If yes, please sign your name and date below.

Signature_____ Date_____