



MRN #

PROSTATE MRI HISTORY FORM

1) PSA level history

Level _____ Date: _____ Level _____ Date: _____

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Bone Scan? Yes No Date: _____

Pelvic CT? Yes No Date: _____

Ultrasound? Yes No Date: _____

2) Positive Biopsy? Yes No Date: _____

If positive biopsy, left or right lobe (if known) _____ Base, Mid-gland or Apex? _____

Total # of negative cores: _____

Total # of positive cores: _____

3) Other biopsy dates and results?

4) Therapy

No therapy / active surveillance / 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)