

Prostate Cancer Record										Page		of		
Name:				Spouse or Relative				Birth Date:			Physician:			
Initial Diagnosis	Date:			PSA:			Age:							
Was DRE Done? (Y/N)		Was lump detected? (Y/N)			Bone Scan? (P/N)			CAT Scan? (P/N)						
Biopsy (Pathology) Results:										Gleason Score				
										Total	(x + x)			
No. of Core Samples		No. of Cores Positive		No. of Positive Cores > 50%										
Notes from Pathology (Location, etc.)														
Treatments and Diagnostics Tests (Chronological)														
Date	Treatment(s) and Diagnostic Tests			Performing Physician	Location of Treatment or Test		Dosage	Results/Comments						
Additional Comments or Notes														