

PROSTATE ULTRASOUND/BIOPSY DATA ENTRY FORM (FULGHAM)

TRUS DATE _____

(Obtain urine sample and have patient drink water prior to procedure) Form date 1/16/18

MR# _____ First name _____ Last Name _____

Race: White ___ Black ___ Asian ___ Other _____ Age _____ Date of Birth _____

Reason for TRUS: Elev PSA ___ Nodule ___ Prostate cancer ___ PIN ___ Other _____

Previous prostate procedures: No prev ___ Biopsy ___ RRP ___ HIFU ___ TURP ___ TUIP ___ PVP ___ Other _____

Previous biopsy: Yes ___ No ___ Biopsy event# _____

Continent of urine? Yes ___ No ___ Stress ___ Urge ___ AUA Symptom score _____

Potent? Yes ___ No ___ Partial ___ with medicine _____ Sexual health score _____

Vasectomy? Yes ___ No ___ Year _____

Famhx prostate cancer? Yes ___ No ___ FamMember _____ FamHx ovarian ca? Yes ___ No ___ FamMember _____

Famhx breast cancer? Yes ___ No ___ FamMember _____ FamHx pancreatic ca? Yes ___ No ___ FamMember _____

Stop taking aspirin at least 10 days ago? Yes ___ No ___

Allergies? Yes ___ No ___ List: _____

PSA _____ Date _____ %Free PSA _____ 4K score _____ Gentamycin given? Yes ___ No ___

PROSTATE ULTRASOUND FINDINGS:

DRE suspicion: 0-2 2-4 4-6 6-8 8-10 Location _____

TRUS Location: PB3 ___ GI lab ___ Main OR ___ Machine: GE ___ Other _____

Prostate volume: width _____ height _____ length _____ volume _____ IPP _____

Sonogram results: Pos ___ Neg ___ Equiv ___ SPURS: N (1-2) E (3) P (4-5) Doppler? Yes ___ No ___ Positive: Yes ___ No ___

Biopsy performed: Yes ___ No ___ Number of cores: Rt ___ Lt ___ TZ ___ Other _____

Prostate MRI performed? Yes ___ No ___ Date _____ PI-RADS _____ Location _____

Prostate volume on MRI _____ Concordance w US? Yes ___ No ___ Location _____

Sonogram findings on separate page.

DRE



Pathology

