

## Prostate Cancer Status Report Worksheet

(Non metastatic with treatment less than 5 years ago)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Condition stable without spread or recurrence? Y N  
If NO, what is the current condition? \_\_\_\_\_

Any evidence historically or currently of any metastatic disease? Y N  
If YES, where has the cancer spread? \_\_\_\_\_

Active treatment is completed (Chemotherapy/radiation, etc.)? Y N  
If NO, what treatment remains? \_\_\_\_\_

Is any further treatment recommended at this time? Y N  
If YES, what treatment is recommended? \_\_\_\_\_

If surgery has been performed:  
Is the patient off of pain medication? Y N  
Has the patient made a full recovery? Y N  
Has the patient been released by the surgeon? Y N

Current PSA (within the last 6 months): \_\_\_\_\_ Date of test: \_\_\_\_\_  
Has the patient had a prostatectomy? Y N

Is the patient experiencing any symptoms? Y N  
If YES, what are the symptoms? \_\_\_\_\_

Does current treatment consist of: None or  
Active surveillance/watchful waiting Y N  
Brachytherapy Y N

What is the date of last treatment? \_\_\_\_\_

\_\_\_\_\_  
Treating Physician's Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

*Expert FAA Medical Assistance!*

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