

**MRI PROSTATE QUESTIONNAIRE**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following questions will help our radiologist read your MRI. Please be as complete as possible.

1. Have you ever had x-ray or imaging studies of your prostate or pelvis?  Y  N

If yes, please describe when and where: \_\_\_\_\_

Results: \_\_\_\_\_

2. Have you ever had a biopsy of your prostate?  Y  N

If yes, please describe when and where: \_\_\_\_\_

Results: \_\_\_\_\_

3. Have you ever had previous prostate or bladder surgery?  Y  N

If yes, please describe when and where: \_\_\_\_\_

Results: \_\_\_\_\_

4. Your current PSA? \_\_\_\_\_

5. Has there been any therapy for prostate cancer?  Y  N

If yes, please describe the type of therapy: \_\_\_\_\_