

Prostate Cancer Data Sheet

This form will allow some assessment to be made as to your suitability for prostate cryosurgery and possibly save you a wasted consultation. All the information requested is vital for any consideration of cryotherapy.

Please fill out the form below as completely as possible, print it out and send it to

St George Public Hospital
Outpatients Department
Cryotherapy Clinic
Gray Street
Kogarah NSW 2217

Ph: 02 9350 3943

Name:

Date of Birth:

Address:

.....

Suburb:

State: **Postcode:**

Phone:

The information requested below refers to data at the *time of your diagnosis*.

PSA: ng/mL

Gleason Score: +

Bone Scan: Positive: Yes No