Weill Cornell Imaging
NewYork-Presbyterian Weill Cornell Medicine

T: 212-746-6000 | www.wcinyp.com | F: 646-962-0122
Please bring all completed forms to your appointment

(Office use)

MRI: PROSTATE QUESTIONNAIRE

Name: _____ Date: _____ Age: _____

What symptoms or issues prompted your doctor to order this test? _____

_____

Have you had recent PSA bloodwork? ☐ Yes ☐ No

If yes, what were the results? _____ When was the bloodwork done? _____

Have you had another blood or urine test for prostate cancer (such as 4K Score or PCA3)? ☐ Yes ☐ No

If yes, what were the results? _____

Have you had a prior **prostate biopsy** outside of NYP/Cornell?

☐ Yes, but no cancer was found

☐ Yes, but with cancer was found

☐ No

If yes with cancer found, what was the grade? _____

Have you had a prior **prostate MRI** outside of NYP/Cornell?

☐ Yes

☐ No

If yes what was the date and where did you have it done? _____

Have you had any treatments for prostate cancer? ☐ Yes ☐ No

If yes, what type (check all that apply):

☐ Surgery	☐ Focused Ultrasound
☐ External Beam Radiation	☐ Irreversible Electroporation
☐ Radiation Seed Placement	☐ Cryoblation
☐ High Dose Rate Brachytherapy	☐ Laser Ablation
☐ Hormone Treatment	☐ Other: _____