



PROSTATECTOMY PATIENT INFORMATION SHEET

NAME: _____ **MR. NO.:** _____

DATE: _____

CLINICAL HISTORY:

1. Age: _____ 2. Date of Onset: _____ 3. Duration: _____

4. Symptoms: _____

5. Previous History: _____

6. Family History: _____

7. Social History: _____

8. Presenting Complaint: _____

9. Physical Examination: _____

10. Investigations: _____

11. Diagnosis: _____

12. Treatment: _____

13. Prognosis: _____

14. Follow-up: _____

15. Remarks: _____

16. Signature: _____

17. Date: _____