ADDENBROOKE'S HOSPITAL Department of Urology

PRELIMINARY INFORMATION FORM FOR PRIVATE PATIENTS CONSIDERING ROBOTIC SURGERY

Not all men are suitable for robotic surgery. We will assess your case carefully to ensure that you are given the best individual advice on this. Some notes have been included for your guidance in completing relevant sections of the form

	YOUR PERSONAL DETAILS
Surname	
Forename(s)	
Date of birth	
Marital status	
Occupation	
Country of origin	
UK address	
Post code	
Telephone [home]	
Telephone [work]	
Telephone [mobile]	
E-mail [<i>if known</i>]	

YOUR NEXT OF KIN	
Name	
Relationship	
Address	· ·····
Post code	· ·····
Telephone [home]	· ·····
Telephone [work]	· ·····
Telephone [mobile]	· ·····
E-mail	

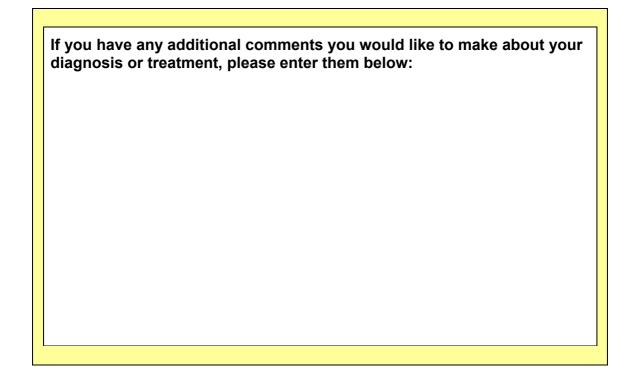
YOUR GENERAL PRACTITIONER (GP)		
Γ		
Name		
Address	· ·····	
	· ·····	
Post code	· ·····	
Telephone	······	
E-mail [<i>if known</i>]		

INSURAN	CE DETAILS OR METHOD OF PAYMENT	
		7
Insured patients		
Insurance company		
Membership number [<i>if available</i>]		
Pre-authorisation number [<i>if available</i>]		
Uninsured patients	If you do not have medical insurance, we will provide a fixed price for robotic surgery. Please feel free to contact us for further details about this.	
Method of payment		

Y	YOUR UROLOGIST'S OR OTHER CLINICIAN'S DETAILS		
			٦
Name of y urologist c			
Address			
Post (or zi	p) code		
Telephone	9		
E-mail [<i>if I</i>	(nown]		

CLINICAL DETAILS ABOUT YOUR PROSTATE CANCER	
Please try to complete as much information as possible	
Approximate date on which your diagnosis of cancer was made	
At which hospital or clinic was your diagnosis made?	
Your most recent PSA value	
Date of most recent PSA	
Note : PSA (prostate specific antigen) levels of the disease. It would be useful for us to k have it	
Gleason grade [if known]	
Note : The Gleason grade in prostate cance aggressiveness of the tumour. It is denoted = 8 up to a total score of 10)	
T-stage [if known]	
Note : The 'T' Stage of a prostate cancer give will be a clinical impression from the 'feel' of tumour is impalpable and was picked up on would be a T1c. A palpable tumour on one will have a higher T-stage and so on	f your prostate to your urologist. If your ly through a raised PSA and biopsies, it

Have you had an MRI scan?	Yes / No [please circle]
Have you had a CT scan?	Yes / No [please circle]
Date of scan(s)	
Note : MRI (magnetic resonance imaging) of are not indicated in all patients. You may no stage tumour	
Have you had a bone scan?	Yes / No [<i>please circle</i>]
Date of bone scan	
Have you had any previous treatment for prostate cancer?	Yes / No [<i>please circle</i>]
If 'Yes' , what treatment have you had for your prostate cancer?	
If 'No' , what treatment has been recommended for your prostate cancer?	
Note : Have you been started on hormon or Zoladex)? Have you had brachyther our ability to offer you robotic surgery?	apy or radiotherapy which may affect



ompleted this form, please forward it to us
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