

**PROSTATE BIOPSY RESULT CLINIC**

Name:	-----
Hospital No:	-----
DOB:	-----

Date: -----

Age:

Performance status:

Prostate volume:

Histology: Left.....  
Right.....

Bone scan: positive/ negative / result not available /requested

MRI: result not available/requested/radiological staging

Prostate cancer information booklet given: Yes/ No

Holistic need assessment done: Yes/ No

Clinical trials participation: Yes/ No/ None available

Copy of letter: requested/ declined

MDT outcome: requested/ declined

Name of key worker identified Yes/ No (Key worker= )

Provisional treatment discussed:

Treatment specific information booklet given ( )

MDT date .....

OPA date .....