

**PROSTATE BENIGN  
(BENIGN PROSTATIC HYPERTROPHY and PROSTATITIS)**

CLIENT NAME: \_\_\_\_\_  
Submit the Client Information Questionnaire with this form

1. Please list date when first diagnosed: \_\_\_\_\_

2. If any of the following have been done, please give details and result(s):

- Bladder catheterization \_\_\_\_\_
- Prostate biopsy \_\_\_\_\_
- Prostate ultrasound \_\_\_\_\_
- TURP (transurethral prostatectomy) \_\_\_\_\_

3. Please give result and date of most recent PSA test: \_\_\_\_\_

4. Is your client on any medications? (accurate name, dosage, and reason)

5. Does your client have any other major health problems? (additional questionnaires may be required)

PRODUCER NAME: \_\_\_\_\_

Please fax to 612-392-7644 or email to [mvp@mvp-servicesolutions.com](mailto:mvp@mvp-servicesolutions.com)