

PSA—ELEVATED

Producer Name: _____

CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. How long has the PSA been elevated? _____

2. What is the diagnosis?

3. Please give the date and result(s) of all recorded PSA value(s):

4. Have these results been

- increasing
- decreasing
- stable
- fluctuating up and down
- unknown

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

- TRUS _____
- PSAD _____
- free PSA _____
- prostate biopsy _____

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

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

Please fax to 612-392-7644 or email to mvp@mvp-servicesolutions.com