**ST BRYCEDALE SURGERY**

PSA REQUEST QUESTIONNAIRE

PATIENT NAME:

DATE OF BIRTH:

FAMILY HISTORY OF PROSTATE CANCER?

ETHNIC ORIGIN:

**PLEASE TICK IF ANY OF THE FOLLOWING SYMPTOMS APPLY TO YOU:**

|  |  |
| --- | --- |
| **SYMPTOMS** | **TICK IF APPLIES** |
| Hesitancy – difficulty starting to pass urine |  |
| Having to push/ strain to pass urine |  |
| Stream weaker than it used to be |  |
| Dribbling after you have finished passing urine |  |
| Stopping and starting passing urine once you have started |  |
| Passing urine or feeling the need to pass urine more often during the day |  |
| Passing urine of feeling the need to pass urine more often at night |  |
| Incontinence of urine |  |
| Finding it difficult to postpone passing urine when you feel the urge |  |
| Blood in your urine  |  |
| Blood in your semen |  |
| None of the above  |  |

What is your reason for requesting a PSA test? …………………………..................................................

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**Please be aware of the following guidance below if you are called to book a PSA blood test as it could affect your blood results.**

1. Ensure you have not ejaculated in the 48 hours before your PSA blood test
2. Ensure you have not undertaken vigorous exercise in the 48 hours prior to your PSA blood test such as cycling.
3. If you have had a urine infection you should not have a PSA test for 6 weeks after this. Speak to your GP if you have on going symptoms or any symptoms you are concerned about
4. If you have had a urological intervention such as a cystoscopy or prostate biopsy you should not have a PSA test for 6 weeks. Please speak to your GP if you are concerned about symptoms.