

Patient Name (First, Last):

Sunnybrook MRN:

or Health Card:

DOB:

PATIENT IDENTIFICATION

## Prostate MRI Requisition Supplementary Form

This form **must accompany** the Sunnybrook Health Sciences Centre "Request for MRI Consultation Form" for all Prostate MRI referrals.

### INFORMATION REQUIRED FOR ALL INDICATIONS: (PROVIDE OR CHECK WHICH APPLY):

Last PSA\* - required within **last 6 months**: Date: DD / MMM / 202\_\_ PSA Level: \_\_\_\_\_ng/mL

\* If not available within the last 6 months must be done before MRI will be booked

Race:  Caucasian  African  Hispanic  Other (specify): \_\_\_\_\_

Father, Brother or Son has prostate cancer:  Yes  No

Digital Rectal Exam:  Pos  Neg

### CLINICAL INDICATION: (CHECK WHICH APPLIES TO YOUR PATIENT)

1.  **High Risk with prior Negative Biopsy for Cancer (Treatment Naïve)**

Risk Factors:  PSA rising:  PSA > 4 ng/mL  DRE+  Other: \_\_\_\_\_

Receiving 5 alpha-reductase inhibitors

\* 2.  **Low Risk on Active Surveillance Needing Biopsy (Treatment Naïve)**

Date enrolled on active surveillance: DD / MMM / YYYY

Indications (all that apply):  PSA rising  DRE+  Scheduled Biopsy  ~1yr  ~3yr  >3yr

Receiving 5 alpha-reductase inhibitors

3.  **Biopsy Naïve and Elevated Risk for Cancer**

Risk Factors:  PSA rising:  PSA > 4 ng/mL  DRE+  Other: \_\_\_\_\_

Receiving 5 alpha-reductase inhibitors

\* 4.  **Pre-op or Pre-Radiation Staging**

Date scheduled for treatment: DD / MMM / YYYY

Receiving 5 alpha-reductase inhibitors  Receiving anti-androgen therapy

5.  **Re-staging Post Therapy – assess tumor location for salvage**

Post-radiation  Post prostatectomy  Post focal therapy Specify: \_\_\_\_\_

Date of last treatment: DD / MMM / YYYY

Receiving 5 alpha-reductase inhibitors  Receiving anti-androgen therapy

\* **Mandatory: Indications 2 & 4 the last biopsy report must be enclosed. If a biopsy report is not available please answer the following questions (if not, request will be returned):**

Year and month of last biopsy: YY / MM Number of positive cores: \_\_\_\_\_

Sites of Cancer (start with highest Gleason score):

1: Side or site \_\_\_\_\_ Gleason score (indicate in x+x format) \_\_\_\_ + \_\_\_\_ max % core positive: \_\_\_\_\_

2: Side or site \_\_\_\_\_ Gleason score (indicate in x+x format) \_\_\_\_ + \_\_\_\_

3: Side or site \_\_\_\_\_ Gleason score (indicate in x+x format) \_\_\_\_ + \_\_\_\_