Da Vinci New Patient Check List**

Patient Name: ____ Patient Age: ______________

When was your prostate cancer diagnosed? ____________ What was your Gleason score?_________

GENERAL HEALTH

What is your weight? ______(lbs) What is your height? ______feet ________ inches

How is your general health? ☐ Good ☐ Poor or Frail

Do your physicians say you are medically fit for surgery?

- ☐ Yes, my health permits me to have surgery (a good surgical candidate)
- ☐ No, my health does not permit me to have surgery (poor surgical candidate)

MEDICAL ILLNESSES

Do you have a cardiologist? ☐ No ☐ Yes ____
(if yes, please provide name and number)

Do you have any of these illnesses? *(check all that apply)

- ☐ High blood pressure
- ☐ Heart Failure
- ☐ Angina
- ☐ Heart Attack
- ☐ Cardiac Arrhythmia
- ☐ Chronic Lung Disease
- ☐ Deep Venous Thrombosis
- ☐ Stroke
- ☐ Peripheral Vascular Disease
- ☐ Aortic Aneurysm
- ☐ Colon Cancer
- ☐ Diverticulitis
- ☐ Diabetes
- ☐ HIV/AIDS
- ☐ Urinary Incontinence
- ☐ Enlarged Prostate
- ☐ Prostatitis
- ☐ Erectile Dysfunction

☐ Other significant health problems: ____

____

ABDOMINAL AND PELVIC SURGERY

Have you undergone any of these surgeries? *(check all that apply)

- ☐ Prostate Surgery (Open)
- ☐ Prostate Surgery (TURP)
- ☐ Prostate Cryotherapy
- ☐ Prostate Laser Therapy
- ☐ Prostate Radiotherapy
- ☐ Prostate Microwave Thermotherapy
- ☐ Prostate Seed Implantation
- ☐ Penile Prosthesis
- ☐ Bladder Surgery
- ☐ Exploratory Laparotomy
- ☐ Hernia Repair (Open)
- ☐ Hernia Repair (Laparoscopic)
- ☐ Cholecystectomy
- ☐ Bowel/Colon Resection
- ☐ Appendectomy
- ☐ Vascular Surgery

☐ Other surgeries: ____

____

MEDICATIONS

Do you take any of these medications? *(check all that apply)

- ☐ Aspirin
- ☐ Coumadin (Warfarin)
- ☐ Anti-Inflammatory Drugs (NSAID)
- ☐ Vitamins
- ☐ Eulexin or Casodex
- ☐ Zoladex or Lupron
- ☐ Detrol LA or Ditropan XL
- ☐ Flomax, Hytrin or Cardura
- ☐ Viagra, Levitra or Cialis

☐ Herbals (please list): ____

****If you plan to schedule an appointment for DaVinci, please first complete this form and fax it to Dr. Porter's scheduler at 206-215-6413. For an appointment time, then call 206-215-3343.**