**Anmeldung**

**Stammdaten Patient**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name, Vorname: |  | Geb.-Datum: |  |  | Jahre |
| Hausarzt: |  | Urologe: |  | | |

**Vorstellung durch:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Urologie | Strahlenklinik | Med Klinik III | Urologe | Hausarzt |  |

**Klinische Daten**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Erstdiagnose am | |  | | | | durch | | | Biopsie | | | | TURP | Zystektomie | | | Gleason |  |
|  | | | | | | | | | | | | | | | | | | |
| PSA initial |  | |  | | Klinisches Stadium | | | | | | |  | | | Prostatagröße[cm³] | | |  |
|  | | | | | | | | | | | | | | | | | | |
| Anzahl befallene Zylinder | | | |  | | | von |  | | | Tumorlast der befallenen Zylinder | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Kriterien für Active Surveillance erfüllt? | | | | | | | | | | Ja | | Nein | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| schwerw. Nebenerkrankungen | | | | |  | | | | | |
|  | | | | | | | | | | |
| Zweittumor? (ggf. erfolgte Therapie) | | | | |  | | | | | |
| ECOG |  | IIEF 5 |  | ICIQ SF | |  | IPSS |  | Lebensqualität-Score |  |
|  | | | | | | | | | | |

**Umfelddiagnostik**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Untersuchungen (**was? wann zuletzt?) | | | | | | | | | | |
| Skelettszintigramm | |  | | CT |  | MRT | |  | PET |  |
|  | | | | | | | | | | |
| Ergebnis | metastasenfrei | | metastasiert (wo?) | | | |  | | | |
|  | Nebenbefunde | |  | | | | | | | |
|  | | | | | | | | | | |

**Vortherapie (**was? wann / seit wann?)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| keine |  | TUR-P bei BPH |  | neoadj. HT |  |
|  |  |  |  |  |  |

**Fragestellung / Therapievorschlag:**

|  |
| --- |
| Therapie? |

**Empfehlung:**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datum: |  | Unterschrift: |  | Dr.G. Hatiboglu |
|  |  |  | (Vorsitzende der Konferenz) | (Leiter des Zentrums) |

**Anmeldung an: jasmin.maisenhaelder@slk-kliniken.de**