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Preliminary Assessment and Registration Form

This is a preliminary assessment form for private patients considering minimally invasive robotic surgery. Please note that **not all patients are suitable for robotic surgery**. As a group, we have considerable experience in conventional laparoscopic surgery, open surgery as well as non-surgical techniques. We like to consider each case on **individual merits** to try and achieve the best clinical outcome and are happy to discuss this with you. We will contact you once we are in receipt of your details to discuss an appointment with us. At the end of this document, some notes have been included for your guidance in completing relevant sections of the form.

Your Details

Surname: Other Names:
Date of Birth: Marital Status:
Occupation: Country of Origin:
UK Address:
.....
.....
..... Postcode:
Telephone (h): Telephone (m):
Telephone (w): e-mail:

Your next of kin

Name: Relationship:
Address:
.....
..... Postcode:
Telephone (h): Telephone (m):
Telephone (w): e-mail:

Your General Practitioner (GP)

Name:

GP Address:

.....

.....

.....

Telephone (w):Facsimile:

e-mail:

Method of Payment or Insurance Details

Insured Patients Insurance Company:

Membership Number:Pre-authorisation Number (if available):

Uninsured Patients Method of Payment^[1]:

Your Clinical Details^[2]

Name of your Consultant Urologist or Clinician:

Address:

.....

.....Post or Zipcode:

Telephone (w):Facsimile:

e-mail:

Approximate date on which your diagnosis of prostate cancer was made:

At which hospital or clinic was your diagnosis made? :

Your most recent PSA value^[3]:Date of PSA:

Gleason grade^[4]:

'T' Stage (if known – see below)^[5]:

Have you had an MRI^[6]: Yes / NoDate of MRI:

Have you had a bone scan^[7]: Yes / NoDate of Bone scan:

Have you had any previous treatment for prostate Cancer?^[8] Yes / No

If 'Yes', what treatment have you had for your prostate cancer? :

.....

If 'No', what treatment has been recommended for your prostate cancer? :

.....

Any additional comments you would like to make about your diagnosis or treatment^[9]:

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Notes on Completing Registration Form

- [1] Uninsured Patients – if you do not have medical insurance, the private hospitals at which we work can offer an FPP (Fixed Price Package) for robotic surgery. Please feel free to contact us about this.
- [2] Please try and complete as much of these clinical details as possible. If necessary, with your permission, we can liaise with your Consultant Urologist or GP on your behalf.
- [3] In a man with prostate cancer, PSA (prostate specific antigen) levels in the blood may, to some extent, correlate with the stage of the disease. It would be useful for us to know your most recent PSA value, if you have it.
- [4] The Gleason grade in prostate cancer gives an indication of the degree of aggressiveness of the tumour. It is denoted as a number e.g. 3+3, 3+4, 5+3 etc. You may, have been given this value by your urologist.
- [5] The 'T' Stage of a prostate cancer gives an indication of the extent of the tumour. Initially this will be a clinical impression from the 'feel' of your prostate to your urologist. For example, if your tumour is impalpable and was picked up only through a raised PSA and biopsies, then, it would be a T1c. A palpable tumour, on one (T2a) or both sides (T2b) of the prostate have higher, 'T' values, and so on. You may or may not know this information at this stage.
- [6] MRI (magnetic resonance imaging) scans are not indicated in all patients. You may not have had a scan if you have a clinically early stage tumour.
- [7] Bone scans are not indicated in all patients with prostate cancer. You may not have had a bone scan if you have a clinically early stage tumour.
- [8] Have you been started on hormone treatment e.g. Casodex (bicalutamide), Prostag (leuprorelin), Zoladex (goserelin) or even had brachytherapy or radiotherapy? This may, effect our ability to offer you robotic surgery. If you have not had any treatment, as yet, what treatment has been offered or recommended for your prostate cancer?
- [9] Are there any other points you would like us to know about your prostate cancer?



Data Protection Notice

The confidentiality of patient information is of paramount concern to Robotic Urological Surgery Limited. To this end, Robotic Urological Surgery Limited fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Medical Information will be kept confidential. It will only be disclosed to those involved with your treatment or care, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents. Anonymised or aggregated data may be used by or disclosed to others, for research or statistical purposes. Access to non-medical information may be granted by Robotic Urological Surgery Limited to others on a strictly confidential basis in the course of, and for the purpose of, the efficient administration of Robotic Urological Surgery Limited (for example; in connection with audit, systems development, managing or improving our services) and for enabling products and services which Robotic Urological Surgery Limited considers may be of interest to you to be brought to your attention. Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Terms and Conditions

- 1 Robotic Urological Surgery Limited will provide inpatient and outpatient care at the request of the medical practitioner who is supervising your treatment
- 2 Fees for services provided by other Consultants, pathologists and radiologists etc are additional charges made by Robotic Urological Surgery Limited
- 3 If you are insured, it is advisable to check that your treatment is covered by your insurance company, prior to undergoing treatment by Robotic Urological Surgery Limited

Financial Agreement

- 1 I agree to pay for the services provided, and have received details of Robotic Urological Surgery Limited's prices and terms of business
- 2 If a third party or insurer has agreed to pay my account, I agree to pay any balance outstanding if the third party or insurer does not pay the account in full
- 3 Insured Patients Only:

I declare that my/the patient's general practitioner recommended the specialist treatment and that to the best of my knowledge and belief the information given on this form is true and complete. I authorise Robotic Urological Surgery Limited to submit claims relating to my/the patient's treatment to my/the patient's insurer on my/the patient's behalf.