



PROSTATE HEALTH INFORMATION KIT "MR PHIP"



REORDER FORM

IF YOU WOULD LIKE TO ORDER ADDITIONAL FORMS AND/OR KITS, PLEASE INDICATE THE NUMBER OF COPIES BELOW AND POST OR FAX THIS FORM BACK TO US

_____ Full kits (Maximum 3 – contains 3 copies of each information sheet)

Individual information sheets:

_____ copies No.1 "Should I be tested"

_____ copies No.2 "Interpreting the PSA test" _____ copies No.5 "Hormonal treatment"

_____ copies No.3 "After the diagnosis" _____ copies No.6 "Sex after treatment"

_____ copies No.4 "Monitoring After Treatment" _____ copies of No.7 "Useful resource/ Glossary"

YOUR FEEDBACK ON THE USE OF YOUR MR PHIP KIT WOULD BE GREATLY APPRECIATED.

1. Please circle which information sheets you have used: ALL / No1 / No2 / No3 / No4 / No5 / No6 / No7

2. Did you find these information sheets helpful in presenting information to patients?

No

Some of the time

Most of the time

All of the time

3. Did you give the information sheets to the patient?

No

Some of the time

Most of the time

All of the time

4. Could the following be improved?

Content

No

Yes, a little

Yes, a lot

Layout

No

Yes, a little

Yes, a lot

Colour

No

Yes, a little

Yes, a lot

5. Your comments about the information sheets

Your name:

Your address:

pcode:

Please return to:

UROLOGY UNIT, REPATRIATION GENERAL HOSPITAL UROLOGY UNIT,
DAWS ROAD, DAW PARK SA 5041, Attention: Carole Pinnock
Ph (08) 8275 1169 , Fax (08) 8275 1133

To return by mail, fold, address as indicated and post.

