



PROSTATE HEALTH INFORMATION KIT "MR PHIP"



REORDER FORM

TO ORDER ADDITIONAL FORMS AND/OR KITS, PLEASE COMPLETE THIS FORM

_____ Full kits (containing 3 copies of each information sheet)

_____ Referral Guides

Individual information sheets:

_____ copies of No.1 "Should I be tested?"

_____ copies of No.4 "Recurrence After Treatment"

_____ copies of No.2 "Interpreting the PSA test"

_____ copies of No.5 "Hormonal treatment"

_____ copies of No.3 "After the diagnosis"

_____ copies of No.6 "Useful resources"

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

1. Please circle which information sheet(s) you have used: ALL / 1 / 2 / 3 / 4 / 5 / 6

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. Did you find the referral guide helpful for your urology referrals?

No

Some of the time

Most of the time

All of the time

6. Your comments about the information sheets and/or referral guide:

	Please return completed form to: Reply Paid 14 Attention: Dr Carole Pinnock Repatriation General Hospital Daw Park S.A. 5041
Your name:	
Your Address:	