NWTS LATE EFFECTS STUDY
ADULT MEDICAL HISTORY FORM

I. CURRENT DATA

Patient ID #: _____

Participant Name: _____ Maiden or Other Name(s): _____

Birth Date/Birthplace: _____ Last 4 Digits of Social Security # (Optional): _____

Current Address: _____ Phone #: (____) _____

Current Employer (Name of Business): _____ Phone #: (____) _____

Spouse/Partner Name: _____ Maiden or Other Name(s): _____

Birth Date/Birthplace: _____

Current Address: _____ Phone #: (____) _____

Current Employer (Name of Business): _____ Phone #: (____) _____

Deceased? (Cause/Date): _____

II. YOUR MEDICAL HISTORY

Since completion of treatment for Wilms tumor, please report serious illnesses, hospitalizations, and second tumors if not previously reported to NWTS. (If needed, please continue on the back.)

Date	Diagnosis	Hospital(City/State)	Physician	Treatment/Outcome

III. IMMEDIATE FAMILY MEDICAL HISTORY

Please indicate significant events (births, deaths, serious illnesses) in the lives of your immediate family (mother, father, siblings).

Name	Relationship to You	Event/Comments

IV. CONTACT DATA

Please identify three relatives or other individuals, not living at your address, who should know your whereabouts so if you move we can maintain contact with you.

Name: _____ Relationship: _____

Address: _____ Phone Number: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone Number: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone Number: (____) _____

(PLEASE COMPLETE BOTH SIDES)

Institution: _____

Patient ID #: _____

Currently we are receiving information about you from your doctor. In the future, may we have your permission to contact you directly for this information? ( ) YES ( ) NO

If yes, by phone? ( ) YES ( ) NO by mail? ( ) YES ( ) NO

Name: _____ Relationship to NWTS Participant: _____

Address: _____ Phone Number: (_____)_____

V. Your Children and Pregnancies:

While we believe it is unlikely that children of Wilms tumor survivors are at increased risk for the thirteen rare conditions listed below, it is important for us to identify if any have developed.

Wilms tumor
Hypospadias (urethra where urine exits is angled differently – males only)
Sarcoma (bone or soft tissue cancer)
Congenital heart defect (problem with heart that you are born with)
Denys-Drash syndrome (kidney failure problem you are born with)
Cryptorchism (testicles are not descended into scrotal sac and need surgery to have them placed there)
Germ cell tumor (cancer of the reproductive organs, but can also be at the base of the spine or in the chest)
Aniridia (born without iris in the eye)
Polycystic disease of the kidney (fluid sacs in the kidneys causing them not to work right)
Hemihypertrophy (one side of any part of the body noticeably larger than the other)
Shortened limbs (arms or legs that are shorter than they should be)
Beckwith-Wiedemann syndrome (large tongue, low blood sugar at birth and malformed belly button or wall of belly)
Turner's syndrome (short, wide neck, abnormal ovaries girls can be born with – one X chromosome is missing in the cells)

For each child please note if any of these conditions have been diagnosed. **Also, please note other conditions of importance.** (Please note any children who are adopted or non-biological.)

Full Name or "Still Born", "Miscarriage" etc.	Sex/Birth Date	Tumors, Congenital Conditions, Malignancies, Medical Conditions	Death Date/Cause
1.			
2.			
3.			
4.			
5.			

(If more than five, please add a continuation page)

COMMENTS:

_____

_____

_____

_____

_____

By signing below I authorize the staff of the National Wilms Tumor Study to continue contacting me in order to obtain further information about my medical history and progress related to my treatment for Wilms Tumor.

Signature of person completing this form: _____

Relationship (if not signed by NWTS participant): _____ Date this Form Completed: _____

Please mail the completed form to:

National Wilms Tumor Study, Fred Hutchinson Cancer Research Center
1100 Fairview Avenue N, M2-A876, P.O. Box 19024, Seattle, WA 98109
Telephone: (206) 667-4842, Message Line: (800) 553-4878, Fax #: (206) 667-6623