

NWTS LATE EFFECTS STUDY FAMILY AND MEDICAL HISTORY FORM

Participant Name: _____

Patient ID #: _____

Birth Date: _____

Last 4 Digits of Social Security # (Optional): _____

I. PARENT DATA

FATHER (OR GUARDIAN 1)

MOTHER (OR GUARDIAN 2)

	1.	YES	NO	1.	YES	NO
1. Biological Parent? (circle one)	1.	_____	_____	1.	_____	_____
2. Name (include maiden name)	2.	_____		2.	_____	
3. Birth Date	3.	_____		3.	_____	
4. Last 4 Digits of Social Security # (Optional)	4.	_____		4.	_____	
5. Current Address	5.	_____		5.	_____	
		(Street)			(Street)	
		_____			_____	
		(City, State, Zip Code)			(City, State, Zip Code)	
6. Phone Number	6.	(_____) _____		6.	(_____) _____	
7. Current Employer	7.	_____		7.	_____	
		(Name and type of business)			(Name and type of business)	
		_____			_____	
		(Phone Number)			(Phone Number)	
8. Serious Illnesses	8.	_____		8.	_____	
		_____			_____	
9. Deceased? (Cause/Date)	9.	_____		9.	_____	

II. NWTS PARTICIPANT'S MEDICAL HISTORY:

Since completion of treatment for Wilms tumor please report serious illnesses, hospitalizations, and second tumors if not previously reported to NWTS.

Date	Diagnosis	Hospital(City/State)	Physician	Treatment/Outcome
1.				
2.				
3.				
4.				
5.				

(IF MORE THAN FIVE, PLEASE ADD A CONTINUATION PAGE)

III. NWTS PARTICIPANT'S SOCIAL HISTORY

Has _____ experienced any significant events such as moving away from home, marriage, pregnancy or parenthood? If yes, please use the space below to report each event.

Event	Date of Occurrence	Description/Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

