

# NWTS LATE EFFECTS STUDY: PHYSICAL EXAMINATION

I. PATIENT NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ Patient ID #: \_\_\_\_\_

Name of Physician Examining Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Date/Cause of Death: \_\_\_\_\_

II. PHYSICAL FINDINGS: (Please indicate "ND" if not done)

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ Blood Pressure: \_\_\_\_\_/\_\_\_\_\_

III TESTS ADMINISTERED: (Please indicate "ND" if a test was not done)

Chest X-ray: ( )Not done ( )Normal ( )Abnormal (explain): \_\_\_\_\_

Other Imaging: ( )Not done ( )Normal ( )Abnormal (explain): \_\_\_\_\_

Kidney Function: ( )Not done ( )Normal ( )Abnormal (explain): \_\_\_\_\_

Liver Function: ( )Not done ( )Normal ( )Abnormal (explain): \_\_\_\_\_

Cardiac Function: ( )Not done ( )Normal ( )Abnormal (explain): \_\_\_\_\_

IV. PLEASE CHECK IF NORMAL AND DESCRIBE IF ABNORMAL. DO NOT LEAVE ANY CATEGORIES BLANK

SYSTEM	NORMAL	ABNORMAL	COMMENT
Hearing/Vision			
Skin/Hair/Nails			
Musculoskeletal			
Cardiovascular			
Pulmonary			
Gastrointestinal			
Hepatic			
Urinary (include infections)			
Neurologic			
Other (describe)			
Reproductive			

V. REPORT OF PREGNANCY IN NWTS PARTICIPANT OR PARTNER:

(In the instance of a multiple live birth please complete a report for each child)

Date Pregnancy Ended: \_\_\_\_\_ Duration (weeks): \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Birth Order: \_\_\_\_\_

Outcome (e.g., single/multiple live birth, spontaneous abortion, please specify): \_\_\_\_\_

Note any complications or diseases during pregnancy: \_\_\_\_\_

Note any birth defects, diseases, or handicaps in the children: \_\_\_\_\_

Name of person completing form (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Examining Physician)

Please mail the completed form to:  
**National Wilms Tumor Study, Fred Hutchinson Cancer Research Center**  
**1100 Fairview Avenue N, M2-B230, P.O. Box 19024, Seattle, WA 98109**  
**Telephone: (206) 667-4842, Message Line: (800) 553-4878, Fax: (206) 667-6623**