

NWTS FOLLOW-UP REPORT

ANY EVIDENCE OF RECURRENT, METASTATIC, PROGRESSIVE OR PERSISTENT DISEASE?
IF SO, **DO NOT** FILL OUT THIS FORM. PLEASE COMPLETE AND SUBMIT A FLOWSHEET.

Participant Name: _____ Patient ID #: _____
Birthdate: _____

Last reported date seen: _____ () Participant has not been seen since that date
() Participant has been seen on ____/____/____

Please provide all known information:

Height: _____ Circle unit: cm or inches
Weight: _____ Circle unit: lb or kg
Blood pressure: _____/_____
Chest X-ray result: _____ () Not done
Chest CT Scan result: _____ () Not done
Abdominal ultrasound: _____ () Not done

General description of participant's health: _____

Completed by: _____ Date: _____