

Follow-up Report



Montana Central Tumor Registry
Chronic Disease Prevention and Health Promotion
PO Box 202951 * 1400 Broadway Rm C317* Helena, MT 59620-2951
Phone: (406) 444-6786 Fax: (406) 444-6557

This sheet is to be used by the hospital upon readmission, outpatient treatment, or receipt of any additional information on a patient entered in the cancer registry. If evidence of a secondary primary, please complete a new abstract.

Blue text indicates required fields.

Form completed by			
Name of Hospital			
Hospital #	Accession #	Seq #	Primary Site
Patient Name			
Date of Last Contact or Death			
Vital Status <input type="checkbox"/> Alive <input type="checkbox"/> Dead			
Cancer Status <input type="checkbox"/> No Evidence <input type="checkbox"/> Evidence <input type="checkbox"/> Unknown			
Autopsy (if applicable)		Yes	No
		Unknown	
Current Physician			
Recurrence (if known)			
Date			
Type			
Sites			
Additional Information			

Fax form to Montana Central Tumor Registry at 406-444-6557.