Follow-up Report



Montana Central Tumor Registry
Chronic Disease Prevention and Health Promotion
PO Box 202951 * 1400 Broadway Rm C317* Helena, MT 59620-2951

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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		Alive	Dead	
Cancer Status No Evidence Evidence Unknown				
Autopsy (if applicable) Yes No Unknown				
Current Physician				
Recurrence (if known)				
Date				
Туре				
Sites				
Additional I	nformation			
Additional I	illorillation			