

5. Non-Infectious complications (in the past year):

a) Pulmonary Yes No

- Interstitial pneumonia
- Restrictive airway disease
- Obstructive airway disease

- Bronchiolitis obliterans
- Pulmonary edema
- Other: _____

b) Cardiac Yes No

- Cardiomyopathy
- Congestive heart failure

- Other: _____

c) Renal Yes No

- Nephritis
- Renal failure

- Other: _____

d) GI Yes No

- Liver Dysfunction

- Other: _____

f) Endocrine Yes No

- Thyroid
- Gonadal
- Pituitary

- Adrenal
- Other: _____
- Describe: _____

6. Other treatments/prophylaxis

- PCP prophylaxis Yes No Agent: _____ Duration of tx: _____
- Fungal prophylaxis Yes No Agent: _____ Duration of tx: _____
- Antiviral agents Yes No Agent: _____ Duration of tx: _____
- IVIG Yes No Frequency of Tx: _____

Other: _____

7. Development of other disease or second malignancy:

no no Specify: _____

8. Evaluation of primary disease (other than malignancy)

9. Additional Comments:

Form completed by:

_____ (print) Date: _____
month-day-year

_____ (signature) Tel: _____

Fax: _____