

Patient number

Date of visit   
month day year

BPH FORM F04.2

February, 1996

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FORM NUMBER = (FORM)  
FORM VERSION = (VERS)

## NIH - BPH TRIAL

### MISSSED FOLLOW-UP VISIT REPORT

This form should be completed anytime a patient misses a follow-up visit.

#### Part I / IDENTIFICATION

##### A. Patient Identification

1. Patient number (PATID)

clinic patient

2. Patient's initials (INITS)

first last

3. Patient's date of birth (DOB)

month day year

##### B. Visit Information

1. Date follow-up visit was scheduled (MVSTDT)

month day year

2. Week of visit missed (MVIWK)

3. Type of visit missed (MVITYP)

☐ <sup>1</sup> Standard Follow-up (or Titration)

☐ <sup>2</sup> Major Follow-up

4. Has there been any contact with the patient concerning his missed visit? (MVICON)

YES NO  
☐ <sup>1</sup> ☐ <sup>2</sup>

If YES:

a. In the coordinator's opinion, what is the primary reason for the missed visit? (Check one) (MVIREA)

Moved to a less convenient location

☐ <sup>1</sup>

Illness, surgery, or hospitalization

☐ <sup>2</sup>

If so, complete an Adverse Event Report (Form E04).

General decline in motivation

☐ <sup>3</sup>

Conflicting responsibilities (job, birthday, family)

☐ <sup>4</sup>

Other

☐ <sup>5</sup>

i. If other, specify (MVIREAX)

(MVIINAC)\*

Initials of person completing form (FORMIN)

first last

Form entered in computer?

☐