

Patient number

Date of visit
month day year

BPH FORM F04.3

June, 1996

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

NIH - BPH TRIAL

MISSED 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)

☐ 1 Standard Follow-up
☐ 2 Major Follow-up
☐ 3 Titration

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

YES NO
☐ 1 ☐ 2

If YES:

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

Moved to a less convenient location

☐ 1

Illness, surgery, or hospitalization

☐ 2

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

General decline in motivation

☐ 3

Conflicting responsibilities (job, birthday, family)

☐ 4

Other

☐ 5

i. If other, specify

(MVIREAX)

5. Is the patient considered to be inactive (discontinued follow-up visits)? (MVIINAC)

YES NO
☐ 1 ☐ 2

Initials of person completing form (FORMIN)

first last

Form entered in computer?

☐