

Renal - Failure - FU

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY**

FOLLOW-UP FOR PATIENTS ON DIALYSIS OR TRANSPLANTED FORM # 29

This form is completed annually at the scheduled time of the FV12, 24, 36, 48, or 60 visit for patients who are on dialysis or have a transplant. (If you have already submitted an AASK Death Form 48, you do not need to complete Form 29.)

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1. Identification Number.....

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2. Name Code.....

F	V
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3. Visit Number.....

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4. Date of Visit: mm/dd/yyyy
Status-de

5. Vital status *vital-stat*
(If you cannot determine the patient's vital status, check with your state's department of vital statistics.)
1=Alive
2=Deceased. (Complete the AASK Death Form 48)

6. Renal replacement status *repl-stat*
0=Not applicable. The patient is deceased.
1=Currently on hemodialysis
2=Currently on peritoneal dialysis
3=Currently has a functioning transplant
4=Unknown

renal-failure-fu

Certification

201. Certification ID of person completing this form *compl-by*

202. Certification ID of person entering this form *enter-by*

For Clinical Center Use Only

Date Entered ___/___/___

Verified? _____