

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
INDIVIDUAL COMMITTEE MEMBER'S REPORT
ON FOLLOWING UP A PATIENT FORM # 35**

This form is completed by the individual MAP Goal Achievement committee member who is assigned to follow up on a patient with systolic > 180 or diastolic > 110 on two consecutive visits. This form is to be completed by the committee member and will be entered at the committee member's clinical center.

--	--	--	--	--	--

1. Identification Number.....

--	--	--	--	--	--

2. Name Code.....

--	--	--	--	--	--	--	--

3a. Date of phone call to the center:
mm/dd/yyyy hi-by-de

--	--	--	--	--	--	--	--

3b. Date of last high bp measure
(triggering the review): mm/dd/yyyy
Call-de

4. Status of Contact status
- 0 = Did not reach the center at all
 - 1 = Could not reach the center by phone or in person and left a message (voice mail, email, fax)
 - 2 = Talked by phone or in person to the physician at the center who is primarily responsible for decisions regarding this patient's medications
 - 3 = Talked by phone or in person to another physician AASK Staff member
 - 4 = Talked by phone or in person to a non-physician AASK Staff member
5. Resolution resolve
- 1 = The DCC should send an inquiry to get clarification regarding the data
 - 2 = The DCC should send an inquiry suggesting that this center consider filing a stop point form for inadequate blood pressure control
 - 3 = The DCC should refer this patient to the Adherence Committee
 - 4 = The reviewer and the PI agreed on a plan
6. Comments of reviewer
- rev-text

201. Certification ID of reviewer completing this form
(Use the first letter of your first name and the first six letters of your last name) compl-by

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

For Clinical Center Use Only

Date Entered ___/___/___

Verified? _____