C P	CHRONIC
	P ROSTATITIS
R N	Соновт

Patient Reinstatement

Patient ID: _1		
Patient Initials:		
Clinical Center:		
Next Contact Month:		
Date: / / /		
month day year		
RC ID:		

(Research Coordinator Completed)

This form is to be completed *ONLY* if the patient was previously withdrawn from the CPC study and is now being reinstated.

1.	Please indicate the <i>primary</i> reason for reinstatement:
	Previously not interested but returned
	Now willing to follow the protocol
	$oxedsymbol{\square}_3$ Previously lost to follow-up but now returned
	Personal constraints have improved
	\square_5 Medical condition unrelated to prostatitis has improved
	☐ ₆ Other
	Please specify: