

## EPIDEMIOLOGY OF DIABETES INTERVENTIONS AND COMPLICATIONS

Notification of Patient Transfer or Move

When responsibility for the follow-up of an EDIC patient needs to be transferred to another follow-up center (e.g., when a patient is moving to a new state), the EDIC clinic staff should make the necessary arrangements. The details of these arrangements are specified in Chapter 25 of the EDIC Manual of Operations. This form is used to document the transfer. Copies of this form should be sent to the Data Coordinating Center and the new follow-up center. Complete Form 143, Update to Personal Locator Form, for any patient making visits to a non-EDIC health care provider for EDIC followup.

A.	IDE	NTIFYING INFORMATION	2.	2. On what date will copies of EDIC forms and other relevant records			
	1.	Current EDIC Clinic Number		and materials be mailed to the	 Month	 Day	— — Year
	2.	Patient ID Number	3.				
	3.	Patient's Initials		first visit the new follow-up center?	Month	 Day	 Year
	4.	Date form completed		b. On which EDIC follow-up year (1-10) will the patient first visit the new follow-up center?			
в.	ARRANGEMENTS FOR PATIENT TRANSFER OR MOVE			c. Temporary move:			
	1.	What is the reason for the transfer?		On what date will the patient stop visits to the new follow-up center?			
		Permanent: Patient is changing residence ( 1)			Month	Day	Year
		Patient is not changing residence, but wishes to attend another EDIC clinic near his home (2) Other reason; specify: (3)	4.	If the patient is transferring to a EDIC clinical center, enter that center's number; if a non-EDIC follow-up center will care for the patient, enter 00 and			
		Other reason, specify (3		complete Form 143.			
		Temporary: Patient will make visits to another clinic temporarily (4)  THE PATIENT IS CHANGING RESIDENCE AND THE NEW ADDRESS IS WN, COMPLETE THE UPDATE TO PERSONAL LOCATOR FORM (EDIC		If the patient is transferring to a non-E follow-up center, specify on the reverse of this form any procedures which will co to be performed at a EDIC clinical center (either the original center or one closer the patient's new residence).	side ontinue		
1	FORM SEND THE	143) TO RECORD THE NEW ADDRESS AND TELEPHONE NUMBER. A COPY OF THIS FORM TO THE NEW FOLLOW-UP CENTER AND TO DATA COORDINATING CENTER. KEEP THE ORIGINAL IN THE		Type or print name of person completing this form:		ifica er (i 	tion fany)