

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.	IDENTIFYING INFORMATION			2.	On what date will copies of EDIC forms and other relevant records				
		Current EDIC Clinic Number Patient ID Number Patient's Initials				and materials be mailed to the new follow-up center?			Year
					3.	. On what date will the patient first visit the new follow-up center?			
	3.						Month	Day	Year
	4.	Date form completed	Month Day	— — Year		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			
		Permanent: Patient is changing resi	dence	(1)		center?	Month	Day	Year
		Patient is not changing but wishes to attend ano clinic near his home Other reason; specify:	ther EDIC	(2)	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 complete Form 143.	!		
		Temporary: Patient will make visi clinic temporarily	ts to another	(4)	5.	If the patient is transferring to a non- follow-up center, specify below any procedures which will continue to be per at a EDIC clinical center (either the or center or one closer to the patient's ne	formed	NO (1) lence)	YES (2)
]	S K EDIC NUMBE		ONAL LOCATOR ESS AND TELE: THE NEW FOLL	FORM PHONE OW-UP		If yes, (Specify):			
	CENTER AND TO THE DATA COORDINATING CENTER. KEEP THE ORIGINAL IN THE PATIENT'S FILE.					Type or print name of person completing this form:		ifica er (i	tion f any)