

HALT-C Trial

Missed Visit

Form # 24 Version A: 06/15/2000 (Rev. 07/14/2004)

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here →
- A2. Patient initials:
- A3. Visit number:
- A4. Date form completed: MM / DD / YYYY  /  /
- A5. Initials of person completing form:

SECTION B: MISSED VISIT INFORMATION

B1. Primary reason for missed visit: *(from the Missed Visit code table below)*

<u>Missed Visit Codes</u>	
Patient too sick .....1	Transportation difficulties ..... 7
Patient refusal .....2	No childcare ..... 8
Patient forgot .....3	Sick relative .....9
Unable to schedule visit ..... 4	Work related ..... 10
Cannot locate patient .....5	Other .....99
Patient moved to another location ... 6	a. Explain: _____