



Patient Reinstatement Form

Patient ID: _____

Date of Reinstatement: ____ / ____ / ____
month day year

Date of last Clinic Visit or Phone Interview: ____ / ____ / ____
month day year

Reason for Reinstatement into Database:

- ₀ Previously on-hold or deferred but now eligible
- ₁ Previously lost to follow-up but returned
- ₂ Previously not interested but returned
- ₃ Health problem not related to urinary problems improved
- ₄ Symptoms worsened
- Other (*Please specify*): _____
