

Patient Withdrawal Form

Patient ID: _____

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

Reason for Withdrawal from Database:

- ₀ On-hold or deferred
- ₁ Lost to follow-up
- ₂ No longer interested in participating
- ₃ Health problem not related to urinary problems
- ₄ Symptoms improved
- Other (*Please specify*): _____
