

Patient number

Date of visit / /
month day year

NIH - BPH TRIAL

MISSED FOLLOW-UP VISIT REPORT

This form should be completed anytime a patient misses a follow-up visit.

Part I / IDENTIFICATION

A. Patient Identification

1. Patient number (PATID)
clinic patient

2. Patient's initials (INITS)
first last

3. Patient's date of birth (DOB) / /
month day year

B. Visit Information

1. Date follow-up visit was scheduled (MVSTDT) / /
month day year

2. Week of visit missed (MVIWK)

3. Type of visit missed (MVITYP) Standard Follow-up (or Titration)
 Major Follow-up

4. Has there been any contact with the patient concerning his missed visit? (MVICON) YES NO

If YES:

a. In the coordinator's opinion, what is the primary reason for the missed visit? (Check one) (MVIREA)

Moved to a less convenient location

Illness, surgery, or hospitalization

If so, complete an Adverse Event Report (Form E04).

General decline in motivation

Conflicting responsibilities (job, birthday, family)

Other

i. If other, specify (MVIREAX) _____ (MVIINAC)*

Initials of person completing form (FORMIN)
first last

Form entered in computer?