

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)

1 Standard Follow-up  
 2 Major Follow-up  
 3 Titration

4. Has there been any contact with the patient concerning his missed visit? (MVICON)

YES NO  
 1  2

If YES:

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

Moved to a less convenient location

1

Illness, surgery, or hospitalization

2

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

General decline in motivation

3

Conflicting responsibilities (job, birthday, family)

4

Other

5

i. If other, specify

(MVIREAX)

5. Is the patient considered to be inactive (discontinued follow-up visits)? (MVIINAC)

YES NO  
 1  2

Initials of person completing form (FORMIN)

first last

Form entered in computer?