

Metabolic Control RCT
Non-Protocol Visit Form

tblPNonVisit

PtID	Patient ID: _____
Namecode	Namecode: _____

VisitDt	1. Visit Date: ____ / ____ / ____ mm/dd/yy
InvID	2. Study ID of Investigator: _____

NON PROTOCOL VISIT	
	Reason for Visit –Please Check One or More of the Following:
ProbMgt	<input type="checkbox"/> Subject had a question or problem with diabetes management
ProbCGM	<input type="checkbox"/> Subject encountered a problem or had a question related to the CGM
ProbHGM	<input type="checkbox"/> Subject encountered a problem or had a question related to the HGM
SkinReact	<input type="checkbox"/> Subject had a skin reaction (<i>If checked please detail in COMMENTS section and complete an Adverse Event form if reaction meets reporting criteria</i>)
ExpHyper	<input type="checkbox"/> Subject experienced a hyperglycemia event
ExpHypo	<input type="checkbox"/> Subject experienced a hypoglycemic event
RemindVisit	<input type="checkbox"/> Reminder for upcoming scheduled visit
AddSuppl	<input type="checkbox"/> Additional supplies needed
NonReasOther	<input type="checkbox"/> Other (<i>If checked please detail in COMMENTS section</i>)

Comments FormCmts