



NOTE: This form must be completed by the Clinic Coordinator when the appointment window has closed and the visit did not occur (unless a Patient Death Form has been filed for the patient). This form must be sent to the Coordinating Center no later than two weeks after the end of the time window in which the visit was to have been scheduled. A copy should be retained in the patient's CAPT file at the clinic.

GENERAL INFORMATION

1. Which visit type was missed?

- Follow-up ()₁
- Safety ()₂
- Telephone ()₃

2. Reason this visit was missed (check **one** as the most appropriate reason):

- Unable to contact patient ()₁
- Patient refused to return ()₂
- Patient illness ()₃
- Transportation problem ()₄
- Clinic error ()₅
- Scheduling difficulties ()₆
- Moved too far from clinic ()₇
- Temporarily out of area ()₈
- Patient death ()₉
- Other ()₁₀

COMPLETE PATIENT SEARCH FORM

COMPLETE PATIENT DEATH FORM

2A. Specify: _____

Coord Ctr Use Only: Initials _____
Date: ____ - ____ - ____

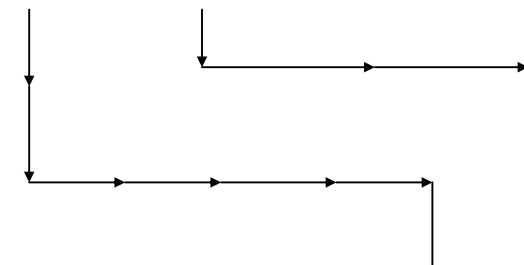
Visit: ____	ID. No.: ____ - ____ - C
Form: MV	Name Code: _____



GENERAL INFORMATION (Continued)

3. Has a new appointment been scheduled?

()₁ Yes ()₀ No



3A. If NO, explain: _____

4. What steps have been taken to ensure that the patient does not miss his/her next appointment?

Explain: _____

3B. Date scheduled for the next visit:

____ - ____ - ____
Month Day Year

5. Print name and certification number of Clinic Coordinator checking form for completeness:

_____ / _____
Name Cert#

6. Date checked for completeness:

____ - ____ - ____
Month Day Year

Visit: ____ Form: MV	ID. No.: ____ - ____ - C Name Code: _____
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