



**Missed Visit Form**

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_

Clinic #: \_\_\_\_ Week: \_\_\_\_

**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 data entered no later than one week after the end of the time window in which the visit was to have been scheduled.*

1. Reason this visit was missed?  
(check all that apply)

- a. Unable to contact patient ( ) 1  
b. Patient refused to return ( ) 1  
c. Patient illness ( ) 1  
d. Family member illness ( ) 1  
e. Transportation problem ( ) 1  
f. Clinic error ( ) 1  
g. Scheduling difficulties ( ) 1  
h. Moved too far from clinic ( ) 1  
i. Temporarily out of area ( ) 1  
j. Other ( ) 1

**COMPLETE PATIENT SEARCH FORM  
AND FAX TO THE COORDINATING  
CENTER**

k. Specify: \_\_\_\_\_

2. Has a new appointment been scheduled?

( )<sub>1</sub>  
Yes

( )<sub>0</sub>  
No

2A. If NO, explain:

3. Initials and certification number of person  
completing form

a. Initials: \_\_\_\_

b. Certification #: \_\_\_\_

4. Date form completed:

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Month Day Year