

OHTS Missed Visit/Inactive Report: MV

Coordinating Center Use Only	
Received	
Logged	
Checked	
Entered	

Patient ID: 9

Date: / / 19
mm dd yy

➤ Clinic Coordinator must complete this form if patient visit falls beyond visit window.
 ➤ PI must sign when two or more **consecutive** visits are missed. (#5 checked)

1. Type of missed visit:
- | | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----|
| <input type="checkbox"/> 066 mo. | <input type="checkbox"/> 072 mo. | <input type="checkbox"/> 078 mo. | <input type="checkbox"/> 084 mo. | <input type="checkbox"/> 090 mo. | <input type="checkbox"/> 096 mo. | <input type="checkbox"/> 102 mo. | |
| <input type="checkbox"/> 108 mo. | <input type="checkbox"/> 114 mo. | <input type="checkbox"/> 120 mo. | <input type="checkbox"/> 126 mo. | <input type="checkbox"/> 132 mo. | <input type="checkbox"/> 138 mo. | <input type="checkbox"/> 144 mo. | |
| <input type="checkbox"/> 150 mo. | <input type="checkbox"/> 156 mo. | <input type="checkbox"/> 162 mo. | <input type="checkbox"/> 168 mo. | <input type="checkbox"/> 174 mo. | <input type="checkbox"/> 180 mo. | | 25 |

2. Follow-up visit window close date for this missed visit: / / 28
mm dd yy

3. Reason visit was missed: (check all that apply)
- | | | |
|---|--|----|
| <input type="checkbox"/> _1 Unable to contact patient | <input type="checkbox"/> _1 Local transportation problems | 34 |
| <input type="checkbox"/> _1 Patient refused to return | <input type="checkbox"/> _1 Moved too far from clinic | 36 |
| <input type="checkbox"/> _1 Patient illness (complete form AE) | <input type="checkbox"/> _1 Clinic error | 38 |
| <input type="checkbox"/> _1 Patient temporarily out of area | <input type="checkbox"/> _1 Patient did not remember appointment | 40 |
| <input type="checkbox"/> _1 Patient reported to clinic on wrong day | <input type="checkbox"/> _1 Patient death (complete form DT) | 42 |
| <input type="checkbox"/> _1 Dissatisfaction with clinic staff | <input type="checkbox"/> _1 Unknown | 44 |
| <input type="checkbox"/> _1 Scheduling difficulties | <input type="checkbox"/> _1 Other (specify) _____ | 46 |

4. Action taken: (check all that apply)
- | | |
|---|----|
| <input type="checkbox"/> _1 Telephoned patient | 48 |
| <input type="checkbox"/> _1 Mailed patient letter to contact clinic coordinator at patient's earliest convenience | 49 |
| <input type="checkbox"/> _1 Unable to reach patient to reschedule appointment after several attempts | 50 |
| <input type="checkbox"/> _1 Contacted next of kin regarding patient's missed visit | 51 |
| <input type="checkbox"/> _1 Other (specify) _____ | 52 |

5. If the preceding visit was also missed, please check here (PI must sign below) _1 53

Principal Investigator's Signature _____ Certification: 54

Coordinator's Certification: 57

END01