

PART III: POSSIBLE MEDICAL CONTACTS

6. According to the patient's report, has the patient been to a doctor or hospital since the previous telephone follow-up? -----

VIS-39

(1) (2) (3)
Yes No Unk

If NO OR UNK, skip to Item 8.

7. Dates and locations of medical contacts:

A.	_____	_____	_____	B.	_____
	Day	Month	Year	C.	_____
	VISDT1				
D.	_____	_____	_____	E.	_____
	Day	Month	Year	F.	_____
	VISDT2				
G.	_____	_____	_____	H.	_____
	Day	Month	Year	I.	_____
	VISDT3				
J.	_____	_____	_____	K.	_____
	Day	Month	Year	L.	_____
	VISDT4				
M.	_____	_____	_____	N.	_____
	Day	Month	Year	O.	_____
	VISDT5				

PART IV: COORDINATION

8. Form checked for completeness and accuracy.

A. Certification Number: ----- CERT-NO
B. Signature: _____

Retain a copy of this form for your files. Telecopy (FAX) or mail the original to the MSH Coordinating Center. Use MSH mailing labels:
MSH Data Coordinating Center
Maryland Medical Research Institute
600 Wyndhurst Avenue
Baltimore, Maryland 21210

PATIENT I.D.