REACT

(Rapid Early Action for Coronary Treatment)

PATIENT LOCATOR FORM

	ENTER REACT STUDY ID 7			
	SECTION A: GENERAL INFORMATION			
A1.	DATE FORM COMPLETED: M M / D D / Y Y			
A2.	START TIME (MILITARY TIME): /			
A3.	FORM VERSION DATE			
A4.	ABSTRACTOR'S INITIALS:			
A5.	MEDICAL RECORD #:			
	SECTION B: ELIGIBILITY			
B1.	ZIPCODE OF RESIDENCE: -			
B2.	DATE OF BIRTH: / D D / Y Y Y Y			
В3.	3. TRANSFER FROM ANOTHER HOSPITAL			
	YES			
B4.	INSTITUTIONALIZED			
	YES			
	B4a. TYPE OF INSTITUTION			
	NURSING HOME			

B5.	TRAUMATIC ETI	OLOGY OF CHEST PAIN/I	DISCOMFORT		
		YES NO			
B6.	HOSPITAL DISCH	HARGE DIAGNOSIS			
	UNSTAI OTHER NOT AP	MYOCARDIAL INFARCTI BLE ANGINA DIAGNOSIS PLICABLE AILABLE/RECORDED		2 3 4	
B7.	7. PATIENT ELIGIBLE FOR REACT STUDY				
		YES			
		110	2 (GO TO END)		
		SECTION C: PAT	TIENT INFORMATION		
C1	NAME:				
CI.	NAME.	LAST	FIRST	, M.I.	
C2.	MAILING: ADDRESS	STREET	APT. NO)	
		- <u></u>	,	_	
		CITY	STATE	ZIP CODE	
C3.	HOME PHONE:				
C4.	SOCIAL SECURI	ΓΥ NO.: - _	_ -		
C5.	GENDER:				
		MALE FEMALE NOT RECORDED NOT ELIGIBLE – SKIPPE	2 <-8>		

C6.	ETHNICITY:					
		WHITE				
SECTION D: END OF FORM						
D1. END TIME (MILITARY TIME): /						
	IF PATIENT WAS ELIGIBLE, COMPLETE REACT EMERGENCY DEPARTMENT RECORD ABSTRACT FORM .					
	IF PATIE	NT WAS <u>NOT</u> ELIGIBLE, NO FURTHER DATA COLLECTED.				