

MISSED VISIT

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: ID
2. Current Clinic: SITE
3. Patient's Letter Code: INITS
4. Visit: VISIT - sequence # SEQNO
5. Scheduled Visit Date: - - (Ideal earliest start date) VIS_DT
 Month Day Year

PART II: REASONS FOR MISSED VISIT

- | | Yes | No | |
|---|-----|-----|----------|
| 1. A. Forgot appointment | (1) | (2) | FORGOT |
| B. Scheduling difficulties | (1) | (2) | SCHEDULE |
| C. Transportation | (1) | (2) | TRANSPT |
| D. Child was ill with hospitalization or reportable event | (1) | (2) | ILLCHILD |

If **hospitalized** or reportable event, **COMPLETE** Event Form 50

- | | | | |
|---|------|-----|----------|
| E. Child was ill - no medical attention | (1)* | (2) | NODOCTOR |
|---|------|-----|----------|

*1. Specify:

- | | Yes | No | N/A | |
|--|-----|-----|-----|----------|
| 2. Has Patient/Family Advocate been in touch with the family since last visit? | (1) | (2) | (3) | ADVOCATE |

PART III. COORDINATION:

1. Checked for completeness and accuracy:
 - A. Certification number: - CERT_NO
 - B. Signature: _____ CERT_SIG
 - C. General Comments: GEN_CMNT