



*NOTE: To be completed by the clinic coordinator by directly questioning the patient.
Sentences within quotes should be read verbatim to the patient.*

1. "Are you aware of any changes in your vision since your last visit?" (check one):

- No changes ()₁
 Changes for the better ()₂
 Changes for the worse ()₃

If you believe that the changes reported require an office visit prior to the next scheduled CAPT appointment, schedule one now. If not, encourage the patient to call the office for an appointment if the problem worsens.

1.A. Was a visit scheduled? Yes ()₁ No ()₀

2. "Do you have any questions about the CAPT study or treatment?"

- ()₀ No ()₁ Yes

Answer question if possible. If not, call the Coordinating Center for assistance.

3. "Do you have any changes in your address, phone number or contact information?"

- ()₀ No ()₁ Yes

Record changes on Patient Information Form

4. Check here to document that the patient was reminded of his / her next clinic appointment.

5. Print name and certification number of person who completed this form:

_____ / _____
 Name Cert#

6. Date Telephone Visit was completed:

____ - ____ - ____
 Month Day Year

INSTRUCTIONS FOR CLINIC COORDINATOR

SEND ORIGINALS TO COORDINATING CENTER

- Coord Center Transmittal Log
 Telephone Visit Form

KEEP COPIES IN YOUR CLINIC FILES

- All Data Forms
 All Transmittal Logs

Coord Ctr Use Only: Initials _____
 Date Entered: ____ - ____ - ____

Visit: ____
 Form: TL

ID. No.: ____ - ____ - C
 Name Code: _____