Patient Closeout Notification Form

Purpose: To document patient notification of closeou	out of SOCA followup.	
By whom: Clinic coordinator.		
Instructions: If a patient is contacted via telephone as patient information letter via USPS with delivery co		
Reminder: Before releasing information regarding st	study closeout to the patient's alternate contact, be sure this	
person is designated as a contact on the Patient Loc	ocation Information (PL) form.	
A. Clinic, patient, and visit identification	8. Who was contacted (<i>check all that apply</i>)	
1. Clinic ID code:	a. Patient: ()
	b. Alternate contact: ()
2. Patient ID#:	C. Patient closeout checklist	
3. Patient name code:	9. Check all that apply:	
4. Date of visit:	a. 5, 10, or 15-year fundus photographs taken:)
day month year	b. Patient (or alternate contact) informed of study closeout:)
5. Visit ID code:	c. Patient (or alternate contact) provided with information for continued	
B. Notification information	ophthalmic care: ()
6. Type of contact in which closeout information was imparted (<i>check all that apply</i>)	<i>d.</i> Primary care doctor provided or to be provided with updated eye health information:)
a. In-person: (e. Patient received copy of notification	
b. Telephone: ($\begin{pmatrix} 1 \end{pmatrix}$ letter or to be mailed a copy: $\begin{pmatrix} 1 \end{pmatrix}$)
c. Unable to contact: (If unable to contact specify other attempts	f. None (<i>unable to contact</i>): (<i>to to to</i> D. Administrative information)
contact and then go to item 9:		
specify	10. Date form completed:	
	day month year	-
specify	11. Clinic coordinator ID:	
specify	12. Clinic coordinator signature:	
specify		
7. Who informed the patient (or alternate contact) of study closeout (<i>check all that apply</i>	ly)	
a. Clinic coordinator: ((₁)	
b. Study ophthalmologist: (
c. Other (<i>specify</i>): ((₁)	

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