

REPORT AND REFERRAL FORM

ID NUMBER:	CONTACT	YEAR: 0	7 FORM CODE: R E F VERSION	: A 11/18/92		
AST NAME:			INITIALS:			
INSTRUCTIONS: This for entered in the incorred incorred most appropriate to the incorred most appropriate to the incorrect inc			icipant's visit. ID Number, Contact are required, enter the number so there necessary to fill all boxes. with an "X". Code the correct ent (es/No" type questions, circle the roled incorrectly, mark through it	t Year, and Name must be hat the last digit appears If a number is entered ry clearly above the letter corresponding to the with an "X" and circle the		
	REPORT AN	REFERRAL FO	RM (REFA screen 1 of 2)			
A. VISIT 3 CLINIC EXAMINATION 1. Summary of VISIT 3 Referrals/Alerts a. Referral/alert made at this time? Yes Y			B. PREVIOUS CLINIC EXAMINATIONS 2. Summary of VISIT 2 Referrals/Alerts a. Referral/alert made at that time? Yes Y			
			a. Referrat/ater t made at the	No N		
Go to Ite	em 2		Go to Item 3	, a		
Was a referral made	for:		Was a referral made for:			
	Yes	No		Yes No		
b. Blood pressure	Υ	N		2 2 2 2		
c. Glucose	Y	N	b. Blood pressure	Y N		
d. Lipids	Y	N	c. Hematology	Y N		
e. Other Chemistries	Y	N	d. Glucose	Y N		
f. Retina	Υ	N	e. Lipids	Y		
g. MRI*	Y	N	f. Other Chemistries	Y		
h. Echocardiogram*	Υ	N	g. Ultrasound	Y		
i. Ultrasound	Y	N	h. ECG	Y		
j. ECG	Y	N	i. Pulmonary function	Y		
k. Other conditions	Y	N	j. Other conditions	Y N		
* Field center specifi	c procedure					
	REPORT AND	REFERRAL FO	RM (REFA screen 2 of 2)			
3. Summary of VISIT 1	Referrals/Alerts		C. ADMINISTRATIVE INFORMATION			
	de at that time? Y	es Y	4. Date of data			
0	N	o N	collection:	/ /		
Go to Ite	m 4	8	mont	h day year		
Was a referral made	for:	1				
	Yes	No	Method of data collection: .	Computer C		
b. Blood pressure	Y	N N		Paper form P		
c. Hematology	Υ	N	6. Code number of person			
d. Glucose	Y	N	completing this form:			
e. Lipids	Y	N				
f. Other Chemistri	es Y	N				
g. Ultrasound	Y	N				
h. ECG	Y	N				
i. Pulmonary funct	2	N				
j. Other condition		N N				
		"				

O.M.B. 0925-0821 exp. 10/31/95



ARIC ALERT/REFERRAL LOG

ID NUMBER:	8 1 1 8 1	CONTACT YEAR:	FORM CODE: A	LT	ERSION: B 11/17/92
LAST NAME:		ı	NITIALS:		
Date Received:	Alert Value: Item: Value:	Referral/Action: NoYes>ImmediateUrgentRoutine	Date of Action: mm / dd / yy	Notes	Initials:
Date Received:	Alert Value: Item: Value:	Referral/Action: NoYes>ImmediateUrgentRoutine	Date of Action mm dd yy	Notes	Initials:
Date Received:	Alert Value: Item: Value:	Referral/Action: NoYes>ImmediateUrgentRoutine	Date of Action mm / dd / yy	Notes	Initials:
Date Received:	Alert Value: Item: Value:	Referral/Action: NoYes>ImmediateUrgentRoutine	Date of Action mm / dd / yy	Notes	Initials:
	on//_ Call taken i				
Ppt's MD called on ARIC called Ppt. on	45 77 77 4 7			Total .	
ARIC called Ppt's I	MD/_/_ Call made by	y Notes			