

Wisconsin Dietetic Association's Type 2 Diabetes Outcomes Study

Patient Tracking Form

Use this form to track patients you are entering in the study. Patient ID numbers are provided for you. Enter the additional information to facilitate follow-up calls and data retrieval. As a reminder, mark follow-up dates on your calendar.

If you are able and willing to enroll more than ten patients, please request a new form with new patient ID numbers.

Patient Name	Patient MR#	Phone Number for f/u call	Physician	Patient ID#	Initial Visit Date	3 month f/u date		6 month f/u date	
						Target Date	Actual Date	Target Date	Actual Date

Note: Do not submit this form when mailing data collection forms. This is strictly for your own use.