



17813

Request

[Empty box for patient name]

VITAL STUDY R 4.5

1. Have you had any of the following within the PAST YEAR? Please mark NO or YES next to the illness or procedure. If YES, provide the month/year of the event:

					Month / Year of event
A. Cancer - NOT including skin cancer (Specify type: _____)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	<input type="text"/>
B. Heart attack or myocardial infarction	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	<input type="text"/>
C. Coronary bypass surgery	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	<input type="text"/>
D. Coronary angioplasty or stent (balloon used to unblock artery)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	<input type="text"/>
E. Stroke	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	<input type="text"/>
F. Mini-stroke (TIA)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	<input type="text"/>

2. If you are having difficulties taking your study capsules and have newly discontinued taking them, please explain:

3. Below are the phone numbers that we have on file for you. IF THESE NUMBERS ARE NOT CORRECT OR HAVE CHANGED, write the updated information in the space provided to the right. If the numbers below are correct, please skip to item #4.

If the phone numbers to the left are not correct or have changed, please provide UPDATED telephone numbers below:

CURRENT HOME PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	→	NEW HOME PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
CURRENT CELL PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	→	NEW CELL PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
CURRENT WORK PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	→	NEW WORK PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

4. The e-mail address we have on file for you is:

If you would like to receive information from the study, indicate if your e-mail address is the same → Same or provide an updated e-mail address on the line below:

5. We use DATE OF BIRTH as an identifier. Please verify . .

Below is the birthdate that we have on file for you. IF IT IS NOT CORRECT, please write your correct birthdate (month/day/year) in the space provided to the right.

If the birth date to the left is not correct, please provide CORRECTED date of birth information below:

/ /
month day year

/ /
month day year

Please continue on the next page. →

OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

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