ATBC STUDY
PHYSICIAN-HOSPITAL CARE FORM

Name: _____

Social security number _____

Identification code _____

Follow-up visit number _____

The subject has been treated by a physician or in a hospital after his last visit because of the following disease:

1 myocardial infarction
2 coronary heart disease, angina pectoris
3 heart failure

4 enlarged heart
5 valvular heart disease
6 hypertension, elevated blood pressure

7 arterial obstruction in lower extremities, intermittent claudication
8 stroke, cerebral hemorrhage, cerebral infarction
9 thrombosis in a deep vein of lower extremity

10 superficial venous thrombosis or trombophlebitis
11 lung infarction, lung embolus
12 lung asthma

13 lung emphysema
14 chronic bronchitis
15 farmers lung

16 peptic or duodenal ulcer
17 gallstones
18 pancreatitis

19 cirrhosis of the liver
20 rheumatoid arthritis
21 non-articular rheumatism

22 inflammation of tendons or tendon sheaths
23 degenerative disease of joints
24 diabetes mellitus

25 renal failure
26 prostomegaly
27 chronic/recurrent prostatitis

28 psoriasis
29 photosensitivity skin lesions
30 allergic skin lesion, allergic eczema

31 other chronic cutaneous disease; what _____
32 cutaneous cancer; what _____
33 non-cutaneous cancer; what _____

34 cataract
35 glaucoma

other chronic disease, disorder or injury; what

36 _____
37 _____
38 _____

Disease	Where	When	Tests not yet completed

(if the subject has because of the same disease been treated in the same place for several times, register only the first and last visit)

To be filled in at the Study Coordinating Center

Epicrisis or comparable: requested _____, arrived _____

At the same time also _____ has been requested

The diagnosis of the physician in charge: _____

Evaluation of the Study Coordinating Center of the diagnosis:

1 certain

2 possible

3 subject's own opinion

Code of diagnosis: _____

Date of onset of the disease _____

Clinician: _____

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Salus-CODE

Background

Study ID	Capsule ID	Fill-in date	Nurse ID

DISEASE OR SYMPTOM

[1] Description				
ICD9	Date of becoming ill	In-patient [1] No [2] Yes	Operation [1] No [2] Yes	Salus-ICD9

[2] Description
[3] Description
[4] Description
[5] Description

THERAPIES (one entry for each treating place)

Place code	Beginning from (date)	Ending to (date)	Disease or symptom (of above) [1] [2] [3] [4] [5]
Physician / affiliation			

Place code	Beginning from (date)	Ending to (date)	Disease or symptom (of above) [1] [2] [3] [4] [5]
Physician / affiliation			

ETC...