

# TLC Trial Form SCRLOG.03 Participant Referral Sheet

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	_____

**INSTRUCTIONS:** This form is to be filled out for each child referred to the TLC Trial during the screening period. The personal information on this form is **for Clinical Center use only** and is not to be released to personnel outside this Clinical Center. A copy of this form must be provided to the TLC Environmental Team at your Center.

## REFERRAL INFORMATION

- Child's name** \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_
- PbB** \_\_\_\_\_  $\mu\text{g/dL}$  ( )<sub>1</sub> Venous ( )<sub>2</sub> Capillary
- Date of PbB** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *mm/dd/yy*
- Type of referral** ( )<sub>1</sub> Primary care MD ( )<sub>2</sub> Community Screening ( )<sub>3</sub> Self-referred ( )<sub>4</sub> Other, specify: \_\_\_\_\_
- Date of referral** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *mm/dd/yy*

Please provide the name, address and phone number of the primary care physician.

**Referring or Primary care MD**

\_\_\_\_\_ *Full name*

\_\_\_\_\_ *Address*

\_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ *Telephone*

## CHILD REFERRED TO TLC

Obtain the following information as it becomes available for the child who is the potential TLC subject.

- Gender** ( )<sub>0</sub> Boy ( )<sub>1</sub> Girl
- Date of birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *mm/dd/yy*
- Address** \_\_\_\_\_  
*Street address* \_\_\_\_\_ *Apartment*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ *Telephone*

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## ALTERNATE PHONE NUMBER

If there is no phone, obtain the number of a neighbor or relative who would be willing to take messages:

9. **Name** \_\_\_\_\_  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## LEGAL GUARDIAN

Obtain the following information about the parent or legal guardian as it becomes available.

10. **Full Name** \_\_\_\_\_  
Last First Middle

11. **Relationship** \_\_\_\_\_

Is the parent or legal guardian's address the same as the child's? ( ) Same ( ) Different

Please provide the parent or legal guardian's address if different from child's:

12. **Address** \_\_\_\_\_  
Street address Apartment  
 \_\_\_\_\_  
City State Zip  
 ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

## ADMINISTRATIVE MATTERS

13. **Date of contact** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy

14. **TLC Staff** \_\_\_\_\_  
Signature \_\_\_\_\_ - \_\_\_\_\_  
TLC code

15. **Eligibility status** ( )<sub>1</sub> Eligible (so far) ( )<sub>2</sub> Not eligible, specify: \_\_\_\_\_

If eligible so far:

**Date of TLC Visit V1** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mm/dd/yy **Time** \_\_\_\_\_ :

## COMMENTS