



METRIC Group Enrollment Form

Date _____ METRIC Module (select one) Asthma CAD COPD Depression Diabetes Geriatrics Hypertension

Name of Group _____

City _____ State _____

Leader Contact Name _____ Phone _____ Email _____

Alternate Contact _____ Phone _____ Email _____

Anticipated METRIC Start Date _____

Will the total number of participants exceed 35? No Yes If yes, what is total group number? _____

Residency Groups ONLY:

Will your group be able to enter 10 charts per resident? No Yes If no, how close to 10 charts can you get? _____

Participant Full Name (add additional sheets as needed)	AAFP ID #	Email Address	✓ if have NOT participated in an AAFP METRIC module before.
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>
9.			<input type="checkbox"/>
10.			<input type="checkbox"/>
11.			<input type="checkbox"/>

Return completed form to METRIC@aafp.org or (fax) 913.906.6078. Reach METRIC staff at 800.274.2237 x4132.



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Participant Full Name <small>(add additional sheets as needed)</small>	AAFP ID #	Email Address	✓ if have NOT participated in an AAFP METRIC module before.
12.			<input type="checkbox"/>
13.			<input type="checkbox"/>
14.			<input type="checkbox"/>
15.			<input type="checkbox"/>
16.			<input type="checkbox"/>
17.			<input type="checkbox"/>
18.			<input type="checkbox"/>
19.			<input type="checkbox"/>
20.			<input type="checkbox"/>
21.			<input type="checkbox"/>
22.			<input type="checkbox"/>
23.			<input type="checkbox"/>
24.			<input type="checkbox"/>
25.			<input type="checkbox"/>
26.			<input type="checkbox"/>
27.			<input type="checkbox"/>
28.			<input type="checkbox"/>
29.			<input type="checkbox"/>
30.			<input type="checkbox"/>
31.			<input type="checkbox"/>

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