|  |
| --- |
| **STUDY NAME** |
| **IRB #:****Participant ID:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Visit Date:** |  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / 2 0 \_\_\_ \_\_\_ d d m m m y y y y |
|  **Visit Type (circle one):**  **Screening Baseline**  |

**Record all past and/or concomitant medical conditions or surgeries. Record only one condition or surgery per line using the codes provided in the table. When recording a condition and surgery related to that condition use one line for the condition and one line for the surgery.**

|  |  |  |
| --- | --- | --- |
| 01 Head, Eye, Ear, Nose, Throat 02 Respiratory03 Cardiovascular04 Gastrointestinal05 Genitourinary | 06 Musculoskeletal07 Neurological08 Endocrine/Metabolic09 Blood/Lymphatic10 Dermatologic | 11 Psychiatric12 Allergy91 Other |

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Condition/Disease****(one item per line)** | **Start Date****dd/mmm/yyyy** | **Current /****Resolved** |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |
|  |  |  | [ ]  Current[ ]  Resolved |