Visit Checklist - Sample

STUDY NAME	
Site Number: _____	**Visit Date:** __ __ / __ __ __ / 2 0 __ __ (d d m m m y y y y)
Pt_ID: _____	

1. Did the participant attend this visit? ☐ Yes (If yes, continue) ☐ No

2. Please check all assessments completed at this visit:

Visit Name: Baseline

Demographics	☐
Medical History	☐
Vital Signs	☐
Physical Exam	☐
Prior and Concomitant Medication	☐
Inclusion/Exclusion Criteria	☐
Randomization and Enrollment	☐

3. Is the participant continuing in the study? Yes ☐ No ☐

   If no, remember to complete a STUDY COMPLETION form.

   If yes, schedule next visit.

Comments:

_____

_____