Medical History

STUDY NAME	
Site Number: _____	**Visit Date:** ___ ___ / ___ ___ ___ / 2 0 ___ ___ (d d m m m v v v v)
Pt_ID: _____	
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	06 Musculoskeletal	11 Psychiatric
02 Respiratory	07 Neurological	12 Allergy
03 Cardiovascular	08 Endocrine/Metabolic	91 Other
04 Gastrointestinal	09 Blood/Lymphatic	
05 Genitourinary	10 Dermatologic	

Code	Condition/Disease	Start Date dd/mmm/yyyy	Current / Resolved
			☐ Current ☐ Resolved
			☐ Current ☐ Resolved
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