# Baseline Visit Checklist

|  |  |
| --- | --- |
| Protocol Number: | Qualified /Principal Investigator: |
| Site Number/Name: | Product: |

|  |  |
| --- | --- |
| Visit Date: | Participant ID: |

1. Did the participant attend this visit? [ ]  Yes (If yes, continue) [ ]  No
2. If not, why not:
3. Please check all assessments completed at this visit:

Demographics [ ]

Medical History [ ]

Vital Signs [ ]

Physical Exam [ ]

Prior and Concomitant Medication [ ]

Inclusion/Exclusion Criteria [ ]

Randomization and Enrollment [ ]

1. Is the participant continuing in the study? [ ]  Yes [ ]  No

If no, remember to complete a STUDY COMPLETION FORM

If yes, schedule next visit.

Comments: