# Baseline Visit Checklist

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| --- | --- |
| 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: