Medical History (b)

Site Number: _____

Pt_ID: _____

Visit Date:

__ __ / __ __ __ / __ __ __ __
d   d   m m m   y y y y

Visit Type: ☐ 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 below. 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	04 Gastrointestinal	08 Endocrine/Metabolic	11 Psychiatric
02 Respiratory	05 Genitourinary	09 Blood/Lymphatic	12 Allergy
03 Cardiovascular	06 Musculoskeletal	10 Dermatologic	91 Other
	07 Neurological		

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

(Note: If this CRF is used as a source document, it must be signed and dated by study personnel.)