# Baseline Visit Checklist – Sample

**STUDY NAME**

**Site Name:**

**Pt\_ID:**

**Visit Date:**

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1. Did the participant attend this visit? Checkbox. Yes (if yes, continue) Checkbox. No
2. Please check all assessments completed at this visit:

Checkbox. Demographics

Checkbox. Medical History

Checkbox. Vital Signs

Checkbox. Physical Exam

Checkbox. Current Diagnoses and Symptoms

Checkbox. Current Medications (Note: Prior/Current Medication if protocol proscribes certain medications for a specific period before enrollment)

Checkbox. Inclusion/Exclusion Criteria

Checkbox. Randomization and Enrollment

1. Is the participant continuing in the study? Checkbox. Yes Checkbox. No

If no, remember to complete a STUDY COMPLETION form.

If yes, schedule next visit.

Comments:

Signature: Date: