# Baseline Visit Checklist – Sample

**STUDY NAME**

**Site Name:**

**Pt\_ID:**

**Visit Date:**

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

 Demographics

 Medical History

 Vital Signs

 Physical Exam

 Current Diagnoses and Symptoms

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

 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:

Signature: Date: