Date of Visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit # (i.e Baseline / Week # / Month # /Final) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Re-consent Due:** [ ]  Yes [ ]  No**If yes, approval date:** **Re-consent Documentation:**[ ]  Yes [ ]  No**Assessments:**[ ]  Physical Exam[ ]  Weight / Height[ ]  Vital Signs[ ]  Diary / Medication Review[ ]  Adverse EventsAny reportable SAEs? [ ]  Yes [ ]  NoAny deviations? [ ]  Yes [ ]  No | **Procedures / Labs:** [ ]  Blood Test <<insert>>[ ]  Blood Test <<insert>>[ ]  Pregnancy Test <<insert>>[ ]  Urine <<insert>>[ ]  EKG / ECHO <<insert>>[ ]  X-ray <<insert>>[ ]  MRI / CT <<insert>>[ ]  <<insert>>[ ]  <<insert>>**Research Samples:** If optional did patient consent:[ ]  Yes [ ]  No [ ]  <<insert>>[ ]  <<insert>>**Next Visit Due:**[ ]  <<insert date and time >>[ ]  Scheduled | **Questionnaires:** [ ]  <<insert>>[ ]  <<insert>>**Treatment:** (device, drug or intervention)[ ]  #1 Drug (s) adminsitered per procotol  Dose Reduced: [ ]  Yes [ ]  No Dose Held: [ ]  Yes [ ]  No [ ]  Device <<insert>>[ ]  Intervention <<insert>>[ ]  EMR or paper progress note [ ]  Document subject’s status at completion of visit / procedures  |
|  |  |  |

Comments / Notes:

Dictation completed by (initial and date):

Database verified by (initial and date):