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 Events  Any reportable SAEs?  Yes  No  Any 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):