PTID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MATRIX-002 Baseline Medical History Review Guide**

INSTRUCTIONS: Complete at the Screening Visit. Record and detail relevant baseline conditions on the Pre-existing Conditions LOG and narrative notes, as applicable. Relevant conditions include but are not limited to: hospitalizations; surgeries; allergies; conditions requiring prescription or chronic medication (lasting for more than 2 weeks); and any conditions or symptoms currently experienced by the participant. Include any medications on the CONCOMITANT MEDICATION LOG.

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| --- | --- | --- | --- |
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| Have you ever experienced any significant medical problems involving the following organ systems/diseases? Clinician to provide examples to participant in lay language during review of each system, for instance “have you had any problems with your lungs, like asthma or pneumonia” | **Yes** | **No** |
| 1 | Head, eyes, ears, nose, or throat | [ ]  | [ ]  |
| 2 | Gynecologic | [ ]  | [ ]  |
| 3 | Cardiovascular  | [ ]  | [ ]  |
| 4 | Respiratory | [ ]  | [ ]  |
| 5 | Liver | [ ]  | [ ]  |
| 6 | Renal (including urinary symptoms) | [ ]  | [ ]  |
| 7 | Gastrointestinal | [ ]  | [ ]  |
| 8 | Musculoskeletal  | [ ]  | [ ]  |
| 9 | Neurologic | [ ]  | [ ]  |
| 10 | Skin | [ ]  | [ ]  |
| 11 | Endocrine/Metabolic | [ ]  | [ ]  |
| 12 | Hematologic | [ ]  | [ ]  |
| 13 | Cancer | [ ]  | [ ]  |
| 14 | Drug Allergy | [ ]  | [ ]  |
| 15 | Other Allergy | [ ]  | [ ]  |
| 16 | Mental Illness | [ ]  | [ ]  |
| 17 | Have you experienced any of the following urogenital symptoms in the last month? | **Yes** | **No** |
|  | 17a | sores | [ ]  | [ ]  |
|  | 17b | bleeding not related to your period/menses | [ ]  | [ ]  |
|  | 17c | burning | [ ]  | [ ]  |
|  | 17d | itching/irritation | [ ]  | [ ]  |
|  | 17e | pain during sex | [ ]  | [ ]  |
|  | 17f | pain not during sex (i.e. pelvic pain, cramping not related to menses) | [ ]  | [ ]  |
|  | 17g | abnormal genital/vaginal discharge or abnormal odor | [ ]  | [ ]  |
|  | 17h | genital warts | [ ]  | [ ]  |
|  | 17i | urinary symptoms (i.e. burning, frequency, urgency, diagnosed UTI) | [ ]  | [ ]  |
|  | 17j | other:  | [ ]  | [ ]  |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_