

Pre-existing Conditions Log

! Document pre-existing conditions at screening, then review at enrollment. Each entry should be reviewed, marked as ongoing or not, and marked COMPLETE at Enrollment Visit.

Date documenting pre-existing condition: ___ / ___ / _____ (dd/mm/yyyy)	
Description of condition: _____	Start date of condition: ___ / ___ / _____ (dd/mm/yyyy)
Medications take for this condition: _____	Other treatments for this condition: _____
Severity Grade: <input type="checkbox"/> Grade 1 - mild <input type="checkbox"/> Grade 2 - moderate <input type="checkbox"/> Grade 3 - severe <input type="checkbox"/> Grade 4 – potentially life-threatening <input type="checkbox"/> Not gradable	
Is condition ongoing at enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Enter stop date of condition at right) →	Stop date of condition: ___ / ___ / _____ (dd/mm/yyyy)
! Each PEC should be reviewed, marked as ongoing or not and marked COMPLETE at Enrollment Visit.	! Complete only if condition is no longer ongoing at enrollment.
Comments: <div style="border: 1px solid black; border-radius: 20px; height: 300px; margin-top: 10px;"></div>	

CRF Completed By: _____ (initials)

CRF Completion Date: ___ / ___ / _____ (dd/mm/yyyy)