MTN-012/IPM 010 Baseline Medical History Form

Complete this form at the Screening Visit, and review/update at the Enrollment Visit.
For any items marked "yes", record additional details on the **Baseline Medical History Sheet** or in chart notes**.** Record all current medications on the **Concomitant Medications Log**. At Enrollment, record all ongoing medical conditions on the **Pre-existing Conditions** form.

			Yes	No
1		Do you have health problems?	☐	☐
2		Have you ever been hospitalized for any reason?	☐	☐
3		Have you ever had surgery?	☐	☐
4		In the past year, have you been to the emergency room?	☐	☐
5		Have you had any of the following problems in the past year:		
	5a	urinary tract infection	☐	☐
	5b	urinary tract pain	☐	☐
	5c	pelvic pain	☐	☐
	5d	candidal balanoposthits/balantitis (***Note: uncircumcised men only***)	☐	☐
	5e	abdominal pain	☐	☐
	5f	headaches or migraines	☐	☐
6		Have you ever been diagnosed with the following:		
	6a	hepatitis A	☐	☐
	6b	hepatitis B	☐	☐
	6c	hepatitis C	☐	☐
	6d	diabetes	☐	☐
	6e	asthma	☐	☐
	6f	hypertension	☐	☐
	6g	human papillomavirus (HPV) (genital warts)	☐	☐
	6h	genital herpes (HSV)	☐	☐
	6i	gonorrhea	☐	☐
	6j	chlamydia	☐	☐
	6k	syphilis	☐	☐
	6l	trichomoniasis	☐	☐
	6m	HIV	☐	☐
	6n	any other sexually-transmitted disease (STD) or genital infection	☐	☐
7		Do you have a history of recurrent dermatosis (e.g. eczema)?	☐	☐
8		Do you have any allergies, including allergy to latex?	☐	☐
9		Are there any other health issues you would like to tell me about?	☐	☐
10		What is your smoking/alcohol use/recreational drug use history? *(record in chart note)*		

Baseline Medical History Sheet (site to complete as many sheets as needed)

PTID:____________________________ Staff Initials/Date: ______________ Page #: _______

Onset Date:	Resolve Date:	Severity Grade:
Diagnosis and/or associated signs/symptoms:		
Treatment received:		

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