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| **Instructions:** Assess the participant’s baseline medical history using this guide. If the participant has any condition that is grade 1 or higher, or if determined relevant by the clinician, document on the **Baseline Medical History Log CRF** including the description, onset/outcome date(s), and severity grade. Add any associated medications the participant is currently taking on the **Concomitant Medications Log CRF.** |
| **General Medical History** |
| * Does the participant have any health problems?
* Has the participant ever been hospitalized for any reason other than giving birth?
* Has the participant ever had surgery, including a hysterectomy?
* In the past year, has the participant been to the emergency room?
* Has the participant had any medical or health problems in the past year?
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| **Body System Medical History** |
| Assess any significant medical problems involving the following organ/systems.  |
| * Head, Eyes, Ears, Nose and Throat (HEENT)
* Gastrointestinal (GI)
* Lymphatic
* Cardiovascular
* Liver
* Respiratory
* Renal
* Musculoskeletal
* Breast
* OB/GYN (genital bleeding not associated with menses or childbirth, uterine fibroids, abnormal PAP, genital infection, hysterectomy e.g. uterus, at least one ovary)
 | * Skin
* Neurologic
* Endocrine/Metabolic
* Hematologic
* Cancer
* Allergies
* Mental Illness
* Alcohol / Recreational Drug Use
* STI/RTI (HPV, HSV, GC/CT, Syphilis, Trichomoniasis, Candidiasis, PID)
* Any other health issues
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| **Genital Symptoms** |
| Assess any genital symptoms in the last 6 months |
| * Genital/vaginal burning
* Genital sores
* Genital/vaginal itching
* Genital/vaginal pain during sex
* Post-coital bleeding (bleeding after sex)
 | * Genital/vaginal pain not during sex
* Abnormal genital/vaginal discharge
* Unusual genital/vaginal odor
* Dysuria
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