

PROTOCOL CAW G/G 1991: MEDICAL HISTORY PAGE 1 OF 2

INVESTIGATOR: _____	SUBJECT ID#: _____
SUBJECT INITIALS _____	

Categories	Description	Still present?	
		No	Yes
Allergies			
None			
Cardiovascular			
None			
Pulmonary			
None			
Gastrointestinal			
None			
Metabolic			
None			
Renal			
None			
Reproductive			
None			
Musculoskeletal			
None			
Dermatologic			
None			
Neurologic			
None			
Psychiatric			
None			

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INVESTIGATOR: _____

SUBJECT ID# _____

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Additional comments: _____

CONCOMITANT MEDICATIONS: Please list all medications the patient is currently taking, including dosage and diagnosis.

Medication	Dosage/Frequency	Date Started	Diagnosis

DATE: _____

**SIGNATURE OF
PREPARER:** _____