Participant ID:		Date of Registration:	
Local ID:		Letters:	
Status:			
Site:			

OT03 - 3 Month Follow-Up Visit

* These fields are required in order to SAVE the form

* These fields are required in order to COMPLETE the form

Date of Visit: * Date

Interviewer User ID: *

B. MEDICAL HISTORY

1. Have there been any changes in health since the last scheduled visit?	Yes No
2. Have there been any changes in concomitant medications since last scheduled visit?	Yes No

C. LIMITED PHYSICAL EXAM

1. Collect the following physical assessments:

a. Seated arm blood pressure:		Systolic mmHg		Diastolic mmHg
b. Weight:		kg		
C. Height:		cm		in

D. PREGNANCY MONITORING

1. If FEMALE, does the participant have reproductive potential?	Yes No
2. Is the female participant sexually active?	Yes No

If YES to question D1 above, continue (If not, proceed to **Section E.**)

a. Does she currently use a form of birth control?	Yes No
b. Does she plan on becoming pregnant in the next 6 months?	Yes No
c. Was urine pregnancy test completed at this visit?	Yes No
If yes, 1) was the test result positive?	Yes No

E. COMPLIANCE

1. Record the day that participant took his/her initial dose of study drug:	dd/mmm/yyyy
2. Is the participant currently taking study drug?	Yes No