PPMI

1 3 2

MEDICAL HISTORY (GENERAL)

1 8

SUBJECT ID | | | | | VISIT NO | | | |

INITIALS | | | | SITE NO | | | | VISIT DATE | | | MM | | DD | | | | YYYY

NOTE: This form starts with question 1d.

1. Has the subject ever had a significant disorder, disease or surgery of the following systems?

	CATEGORIES	Enter all **significant** medical history items, including history from birth to present. Specify disorder/diagnosis and onset. **For surgeries, specify reason/diagnosis. Use only one line per description.** If more than 4 items, enter in 'Additional Information' category and indicate which category the condition falls under. **DO NOT ABBREVIATE.**	1 = Active 2 = Resolved	Year of Diagnosis
1d.	Dermatological History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1e.	Ophthalmological History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1f.	ENT History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		

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1g.	Pulmonary History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1h.	Cardiovascular History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1i.	Gastrointestinal History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
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1j.	Hepatobiliary History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1k.	Renal History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1l.	Gynecologic/ Urologic History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
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1m.	Musculoskeletal History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1n.	Metabolic/ Endocrine History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1o.	Hemato/Lymphatic History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		

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1p.	Neurologic (other than disease under study) History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1q.	Psychiatric History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		
1r.	Allergy/ Immunologic Please note drug allergies History? ☐ (0 = None, 1 = Yes)	1.		
		2.		
		3.		
		4.		

1s.

CATEGORIES	Enter all **significant** medical history items, including history from birth to present. Specify disorder/diagnosis and onset. **For surgeries, specify reason/diagnosis. Use only one line per description.** If more than 4 items, enter in 'Additional Information' category and indicate which category the condition falls under. **DO NOT ABBREVIATE.**	1 = Active 2 = Resolved	Year of Diagnosis
Other History? ☐ (0 = None, 1 = Yes)	1.		
	2.		
	3.		
	4.		

Additional Information

If there are more than 4 medical history items per category, enter in 'Additional information' category below. Indicate which category the condition falls under (e.g., 1a, 1b, etc.). **DO NOT ABBREVIATE.**

Category			
☐☐	A.		
☐☐	B.		
☐☐	C.		
☐☐	D.		
☐☐	E.		
☐☐	F.		
☐☐	G.		