

SIGNIFICANT MEDICAL HISTORY

Obtained before enrollment
 Obtained after enrollment
 Not done

Medical History Codes*					Medication History	History code*		
	Code	No	Yes	Unknown				
Cardiovascular	010	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Endocrine	020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Eye, Ear, Nose & Throat	030	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Gastrointestinal	040	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Hematologic	050	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatic	060	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Musculoskeletal	070	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Neurologic	080	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous TBI	089	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Oncologic	090	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulmonary	100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatric	110	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Renal	120	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Social History	130	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Developmental History	140	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	150	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

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Hematologic	050	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatic	060	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Musculoskeletal	070	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Neurologic	080	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous TBI	089	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of exposures to blast:	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of prior concussions:	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>
Oncologic	090	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Pulmonary	100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatric	110	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Renal	120	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Social History	130	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Developmental History	140	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: _____	150	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

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