

FSGS Novel Therapies (FONT) Visit Form

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1. Participant ID Number

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2. Date of Visit (dd/mmm/yyyy)

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2a. Visit Week

3. Medical History: Symptoms since last visit

a.	
b.	
c.	
d.	

4. Medications List all study and non-study medications:

Medication Name	Dose (dose, frequency, route)	Status: 2 = Start 3 = Continue 4 = Dose modification, specify 5 = Stop
a.		
b.		
c.		
d.		

5. Vital Signs

- a. Height (cm) _____ . _____
- b. Weight (kg) _____ . _____
- c. Blood Pressure:
 - Sitting.....(systolic/diastolic) _____ / _____
 - Standing.....(systolic/diastolic) _____ / _____

FAX COMPLETED FORM TO FONT STUDY DESK (919) 966-4104

- d. Heart rate per minute..... _____
- e. Respiratory rate per minute..... _____
- f. Temperature (°C) _____ . _____

6. Physical Exam: Circle Result

	Normal	Abnormal, specify	Not Done
Head and Neck	N	A	ND
Eyes	N	A	ND
Ears, Nose, Throat	N	A	ND
Lymph Nodes	N	A	ND
Heart & Lungs	N	A	ND
Abdomen	N	A	ND
Genitalia	N	A	ND
Extremities/Joints	N	A	ND
Neurological Status	N	A	ND
Skin	N	A	ND

- 7. Edema..... _____
Enter highest code. Code 0 = none, 1 = pretibial, 2 = above knee, 3 = presacral, 4 = ascites, 5 = anasarca

Form Completed By (Print name) Signature Date

Principal Investigator Signature Date