CASE REPORT FORM WAM Clinical Trial	Visit Date									
		D	D	M	M	M	Y	Y	Y	Y
Visit 1 Week -6	Trial Identifier									

CONSENT

Date of Informed Consent: day | month | year: 2 0 1

IMPORTANT: Informed consent must be obtained from the participant before study procedures are started.

PARTICIPANT INFORMATION:

FIRST NAME:

MIDDLE NAME:

LAST NAME:

ADDRESS:

PHONE:

EMAIL:

OCCUPATION:

PRIMARY CARE PHYSICIAN:

ADDRESS:

Date of Birth: day | month | year

Age (years)

GENDER M / F / O

INDIGENOUS STATUS: (Tick ONE box only)

- ☐ ABORIGINAL but not Torres Strait Islander origin
- ☐ TORRES STRAIT ISLANDER but not Aboriginal origin
- ☐ BOTH Aboriginal and Torres Strait Islander origin
- ☐ NEITHER Aboriginal or Torres Strait Islander origin
- ☐ NOT STATED / UNKNOWN / OTHER (PLEASE SPECIFY)

Waist Circumference (cm)

Height (cm):

Weight (kg):

BMI

CASE REPORT FORM WAM Clinical Trial	Visit Date									
		D	D	M	M	M	Y	Y	Y	Y
Visit 1 Week -6	Trial Identifier									

PAST MEDICAL AND SURGICAL HISTORY

CURRENT MEDICATIONS:

CASE REPORT FORM WAM Clinical Trial	Visit Date									
		D	D	M	M	M	Y	Y	Y	Y
Visit 1 Week -6	Trial Identifier									

SMOKING:

	No	Yes
Are you a current smoker? (Tick ONE box only) ➢ 100 cigarettes in their lifetime and has smoked within 28 days		
If YES, How many cigarettes per day do you smoke?		
If NO, Have you ever smoked? (Tick ONE box only) ➢ 28 days duration, previously having smoked > 100 cigarettes in their lifetime		

ALCOHOL:

	No	Yes

Estimated units per week ……..

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	No	Yes
Ever sought help for alcohol addiction?		

ILLICIT SUBSTANCES:

	No	Yes

Specify:

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CASE REPORT FORM WAM Clinical Trial	Visit Date									
		D	D	M	M	M	Y	Y	Y	Y
Visit 1 Week -6	Trial Identifier									

Blood Pressure	**1.**
	2.
	3.
	Mean:
Heart Rate	
Temperature	
Respiratory Rate	

Full Clinical Examination Findings:

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CASE REPORT FORM WAM Clinical Trial	Visit Date									
		D	D	M	M	M	Y	Y	Y	Y
Visit 1 Week -6	Trial Identifier									

	POSITIVE	NEGATIVE
Urine Pregnancy Test:		

	No	Yes
Pathology Form given:		

Trial Participation	No	Yes
Exclude:		

Reason for exclusion:

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