

PILOT PARTUM: Unscheduled Follow-up

Site No.

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Subject No.

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## Unscheduled Follow-up Visit Case Report Form

A. Details of Follow-up										
<b>1. Date of follow-up:</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	M	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y		
<b>2. Reason for unscheduled visit or telephone follow up:</b>	<table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> VTE</td> <td style="width: 50%;"><input type="checkbox"/> Medication</td> </tr> <tr> <td><input type="checkbox"/> Bleeding</td> <td><input type="checkbox"/> Other, please specify: _____</td> </tr> </table>	<input type="checkbox"/> VTE	<input type="checkbox"/> Medication	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Other, please specify: _____					
<input type="checkbox"/> VTE	<input type="checkbox"/> Medication									
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Other, please specify: _____									
<b>3. Concomitant Medication Form reviewed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>4. Has the subject experienced any adverse events since the last visit? If yes, please complete Adverse Event or Serious Adverse Event Form.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>5. Has the subject had any chest symptoms (shortness of breath, chest pain, hemoptysis) or leg symptoms (leg pain, redness or swelling), or any other concerns for VTE? If yes, complete VTE Screening Form.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>6. Has the subject had any bleeding since the last visit (other than normal vaginal bleeding*)?  If "No" to any bleeding: probe further to confirm response by asking specifically about black stools, blood in stools, blood in urine, nose bleeds, excessive vaginal bleeding and coughing up blood If yes, complete Bleeding Screening Form.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>7. Has the subject had any chest symptoms such as shortness of breath or chest pain, or neurological symptoms such as weakness or numbness since the last visit? If yes, complete ATE Screening Form.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No									

\* Defined as vaginal bleeding equivalent or less in volume and length to subject's pre-pregnancy menstrual bleeding and blood flow does not soak through one or more sanitary pads or tampons every hour for several consecutive hours. Normal postpartum vaginal bleeding should diminish in volume and be less red in colour each day when compared to the previous day.

\_\_\_\_\_  
Delegate's Name

\_\_\_\_\_  
Delegate's Signature

D	D	M	M	M	Y	Y	Y	Y
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Date