conformal
THE SHAPE OF STROKE PREVENTION

CONFORM Visit Information

☐ Source ☐ Data Transfer Tool

Site Number: _____ Subject ID: _____

Visit Timepoint	☐ Pre-Discharge ☐ Day 7 ☐ Day 45 ☐ 6 Months ☐ 12 Months ☐ 18 Months	☐ 2 Year ☐ 3 Year ☐ 4 Year ☐ 5 Year ☐ Not related to a study visit ☐ Unscheduled visit
Was visit completed?	☐ Yes ☐ No	
Visit Date	_____ / _____ / _____ (DD/MMM/YYYY)	
Visit Type	☐ Office/clinic visit ☐ Telephone contact ☐ Video link	
Were there any new or changes to existing Adverse Events? *If yes, please complete or update an Adverse Event CRF*	☐ Yes Was the event a suspected stroke or systemic embolism? ☐ Yes ☐ No ☐ No	
Did the subject have any ER visits or hospitalizations since the last visit?	☐ Yes ☐ No	
Were there any changes in patient medical history that are cardiovascular in etiology?	☐ Yes *If yes, specify*: _____ ☐ No	
Were there any new changes to existing Concomitant Medications?	☐ Yes (*If yes, please add new or update Concomitant Medication CRF)* ☐ No	
Was visit imaging done?	☐ Yes Are required images for this visit available? ☐ Yes ☐ No ☐ No ☐ N/A Imaging not required per protocol	

_____ __ __ / __ __ __ / __ __ __ __

Site Personnel Signature **Date (DD/MMM/YYYY)**