

	Subject Initials	Screening ID	Subject ID
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	444- <input type="text"/> <input type="text"/> <input type="text"/>	1510- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/>

Concomitant Medications Log

Medication (generic name)	Indication	Start date (dd/mm/yyyy)	Stop date (dd/mm/yyyy)	Continuing at the end of treatment? 1-Yes 2-No
	<input type="checkbox"/> <i>Neurpsychiatric condition</i> <input type="checkbox"/> <i>Drug dependency</i>			
	<input type="checkbox"/> <i>Neurpsychiatric condition</i> <input type="checkbox"/> <i>Drug dependency</i>			
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