

Health Care Problem List

Name: _____ DOB: _____ Ofndr# _____

SSN #: _____ Remand Date: _____ Release Date: _____

	Date Entered	Problem	Date Resolved
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

Allergies (Red Ink)

Chronic Medications (Pencils)

Laboratory Test

	Date	Results
PPD		
HBV		
RPR		
HIV		

Immunizations

	Date	Results
HBV		
Tetanus		
Rubella		

Surgeries/Fractures

Date	Surgeries/Fractures
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	

Physical Exam

	Date
Initial	
Last	
Next	

Dental Exam

	Date
Initial	
Last	
Next	

Appliances

Eye Glasses	
Dentures	

Vision Exam

	Date
Initial	
Last	
Next	