

MASTER PROBLEM LIST

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

MAJOR PROBLEMS

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATES OF OCCURRENCES					
A.							
B.							
C.							
D.							
E.							
F.							
G.							
H.							

PATIENT'S IDENTIFICATION (Use mechanical imprint if available; for typed or written entries give: Name, SSN, Unit, Sex, Birthdate, and Duty Phone)

SUMMARY OF PROBLEMS, ALLERGIES, MEDICATIONS, SURGERIES AND TRAUMAS:

NOTE: DO NOT DISCARD FROM CHART

ALLERGIES

MEDICATION	REACTION	MEDICATION	REACTION

CONTINUING MEDICATIONS

PROBLEM NUMBER	DATE STARTED	MEDICATION	SIG	DATE STOPPED

SURGICAL OR TRAUMA HISTORY

OPERATION OR TRAUMA	YEAR	OPERATION OR TRAUMA	YEAR