Paper Form. For Print Only.
(This notice will not print)

BP-A620.060 **PATIENT PROBLEM LIST** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

PROBLEM LIST

DATE NOTED	SIGNIFICANT DIAGNOSIS	SIGNIFICANT OPERATIONS/ INVASIVE PROCEDURES	DATE

ADVERSE / ALLERGIC

DRUG REACTIONS

(If none, record "No Known Drug Allergies)

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Patient Identification
(Name, Reg #, DOB)

(This form may be replicated via WP)

PROBLEM LIST (Continued)

DATE NOTED	SIGNIFICANT DIAGNOSES	SIGNIFICANT OPERATIONS/ INVASIVE PROCEDURES	DATE

Patient Identification
(Name, Reg #, DOB)