

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)

NAME
SSN #
DOB

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

NOTE: DO NOT DISCARD FROM CHART

