

PROBLEM LIST

Patient Name: _____ DOB: _____

REASON FOR SEEING THE DOCTOR TODAY:

ISSUES/PROBLEMS TO DISCUSS WITH THE DOCTOR:

1. _____
2. _____
3. _____
4. _____
5. _____

MEDS: STRENGTH/DOSE

1. _____
2. _____
3. _____
4. _____
5. _____

MEDS: STRENGTH/DOSE

6. _____
7. _____
8. _____
9. _____
10. _____

LAST ROUTINE SCREENING:

PAP _____
MAMMOGRAM _____
COLONOSCOPY _____
LIPID (CHOLESTEROL) PROFILE _____