

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 _____