BARNES & KLATT, P.C.

PROBLEM LIST SUMMARY

NAME: ______________________________

ACCOUNT # ______________________________

BIRTHDATE: ______________________________

Date	Problem List	Date Resolved

MEDICAL HISTORY	
LAST HISTORY AND PHYSICAL	**DATE**
CHRONIC MEDICAL CONDITIONS	**ONSET**
SURGICAL PROCEDURES	**DATE**

MEDICATION ALLERGIES: NKA unless indicated below

Medication/Substance	Type of Reaction

CURRENT MEDICATIONS		START DATE	
List all prescription, OTC, and herbs		DATE	D/C DATE
MEDICATIONS	DOSE		