OKLAHOMA DEPARTMENT OF CORRECTIONS
PROBLEM LIST

DRUG ALLERGIES/SENSITIVITIES:

CHRONIC PROBLEMS

DATE OF ONSET	PROBLEM	COMMENTS

ACUTE PROBLEM (TEMPORARY)

	DATE OF OCCURRENCE										
PROBLEM	1	2	3	4	5	6	7	8	9	10	11

Inmate Name: DOC #
(Last, First)

(Front)

ACUTE PROBLEM (TEMPORARY)	DATE OF OCCURRENCE										
PROBLEM	1	2	3	4	5	6	7	8	9	10	11

Inmate Name: DOC #
(Last, First)

(Back)