Problem List/Past Medical History
Medical Record Keeping Aid

Note: Below is a suggested format identifying elements for meeting medical record standards for completed problem list and past medical history. This sample form is provided as a tool and not a requirement. Feel free to use or adapt it to the individual needs of your office.

Patient Name: _____ Date of Birth: _____

Medication Allergies:_____

_____

_____

_____

Problem (chronic/recurrent)	Date	Problem (chronic/recurrent)	Date

Past Medical History (hospitalizations, past surgeries, medical illnesses)	Date