OKLAHOMA DEPARTMENT OF CORRECTIONS
PROBLEM LIST

DRUG ALLERGIES/SENSITIVITIES:

CHRONIC PROBLEMS

DATE OF ONSET	PROBLEM	COMMENTS

ACUTE PROBLEM (TEMPORARY)

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

Inmate Name (Last, First): ODOC #

(Front)

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

Inmate Name (Last, First): ODOC #

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