

NAME _____ D.O.B. _____ CASE NO. _____

LEVEL OF RETARDATION: _____ D.O.A. _____

ETIOLOGY OF RETARDATION: _____

S

ACTIVE HEALTH PROBLEM LIST

#	PROBLEM	DATE OF ONSET	RESOLUTION
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1. Seizure Disorder:

2. Psychiatric/Behavioral:

3. Cerebral Palsy:

A

4. Allergies:

M

P

L

E

INACTIVE PROBLEM LIST

NAME:

CASE NO:

SIGNIFICANT ILLNESSES

RESOLUTION DATE

PROBLEM

DATE OF ONSET

RESOLUTION

S

A

M

DIAGNOSTIC TESTS

RESULTS

DATE

P

L

MEDICATIONS/DOSE

PURPOSE

INITIATION DATE

TERMINATION/REASON

E