

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
PROBLEM LIST**

**DRUG ALLERGIES/SENSITIVITIES:**

<b>CHRONIC PROBLEMS</b>		
<b>DATE OF ONSET</b>	<b>PROBLEM</b>	<b>COMMENTS</b>

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

Inmate Name (Last, First): \_\_\_\_\_ ODOC # \_\_\_\_\_

(Front)

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

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Inmate Name (Last, First): \_\_\_\_\_

ODOC # \_\_\_\_\_

(Back)