



# PROBLEM LIST

NAME OF YOUTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DJJID#: \_\_\_\_\_

Date of Most Recent Comprehensive Physical Assessment \_\_\_\_\_

ALLERGIES:

Original Medical Classification

Revised Classification

- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5

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Date of Original Classification: \_\_\_\_\_

Date of Revision: \_\_\_\_\_

## PHYSICAL HEALTH

NO	Date Identified	Active Problem	Health Care Professional/Facility	Date Resolved
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





# PROBLEM LIST (continued)

NAME OF YOUTH: \_\_\_\_\_

## DENTAL HEALTH

NO	Date Identified	Active Problem	Health Care Professional/Facility	Date Resolved
1.				
2.				
3.				
4.				
5.				

## MENTAL HEALTH

NO	Date Identified	Active Problem	Health Care Professional/Facility	Date Resolved
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

