

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

**PEDIATRIC OUTPATIENT PROBLEM LIST**

OTSG APPROVED (Date)

No.	Problem	Onset							
		Resolved							
1.	Upper respiratory infection								
2.	Allergic rhinitis								
3.	Otitis media								
4.	Otitis externa								
5.	Sinusitis								
6.	Purulent conjunctivitis								
7.	Allergic conjunctivitis								
8.	Pharyngitis								
9.	Stomatitis								
10.	Cervical adenitis								
11.	Gastroenteritis								

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

No.	Problem	Onset							
		Resolved							
12.	Colic								
13.	Croup								
14.	Asthma								
15.	Pneumonia								
16.	Eczema								
17.	Impetigo								
18.	Contact dermatitis								
19.	Cellulitis								
20.	Urinary tract infection								
21.	Injury								
22.	Thrush								
23.	Diaper dermatitis								
25.	Viral rash								
25.	Viral syndrome								