# PROBLEM LIST / INTERDISCIPLINARY PLAN OF CARE

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<tr>
<th>DATE</th>
<th>PROBLEM</th>
<th>PRIORITY</th>
<th>DATE OF RESOLUTION</th>
<th>INITIAL</th>
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**PRIORITY CODES**

- **P1**: Problems to be addressed during this admission
- **P2**: Chronic medical conditions needing monitoring
- **P3**: Problems that can be addressed as an outpatient
**INTERDISCIPLINARY PLAN OF CARE**

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<tr>
<th>Date:</th>
<th>Treatment Plan:</th>
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<th>Diagnostic Plan:</th>
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<th>Goals:</th>
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Disciplines Involved (check all appropriate boxes):

- [ ] Nurse
- [ ] Physician
- [ ] Social Worker
- [ ] Dietitian
- [ ] Respiratory Therapist
- [ ] Pharmacist
- [ ] Physical Therapist
- [ ] Occupational Therapist
- [ ] Speech Therapist
- [ ] Utilization Review
- [ ] Other

Print Name of Recorder ______________________  Signature & Title of Recorder ______________________

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Date: ________________

Treatment Plan: ____________________________________________________________

Diagnostic Plan: ____________________________________________________________

Goals: ______________________________________________________________________

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Treatment Plan: ____________________________________________________________

Diagnostic Plan: ____________________________________________________________

Goals: ______________________________________________________________________

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