



**PROBLEM LIST / INTERDISCIPLINARY PLAN OF CARE**

DATE	PROBLEM	PRIORITY	DATE OF RESOLUTION	INITIAL

**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

Initials	Signature	Discipline	Initials	Signature	Discipline
Initials	Signature	Discipline	Initials	Signature	Discipline
Initials	Signature	Discipline	Initials	Signature	Discipline
Initials	Signature	Discipline	Initials	Signature	Discipline



## INTERDISCIPLINARY PLAN OF CARE

<p>Date: _____</p> <p>Treatment Plan: _____</p> <p>_____</p>	
<p>Diagnostic Plan: _____</p> <p>_____</p>	
<p>Goals: _____</p> <p>_____</p>	
<p>Disciplines Involved (check all appropriate boxes):</p> <p><input type="checkbox"/> Nurse   <input type="checkbox"/> Physician   <input type="checkbox"/> Social Worker   <input type="checkbox"/> Dietitian   <input type="checkbox"/> Respiratory Therapist   <input type="checkbox"/> Pharmacist   <input type="checkbox"/> Physical Therapist</p> <p><input type="checkbox"/> Occupational Therapist   <input type="checkbox"/> Speech Therapist   <input type="checkbox"/> Utilization Review   <input type="checkbox"/> Other _____</p>	
<p>_____</p> <p>Print Name of Recorder</p>	<p>_____</p> <p>Signature &amp; Title of Recorder</p>
<p>Date: _____</p> <p>Treatment Plan: _____</p> <p>_____</p>	
<p>Diagnostic Plan: _____</p> <p>_____</p>	
<p>Goals: _____</p> <p>_____</p>	
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<p>_____</p> <p>Print Name of Recorder</p>	<p>_____</p> <p>Signature &amp; Title of Recorder</p>