SUNY DOWNSTATE Medical Center
University Hospital of Brooklyn

AFFIX LABEL

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

Date:_______________________
Treatment Plan:____
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____
Diagnostic Plan:____
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Goals: ____
____
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 ______________________

Date:_______________________
Treatment Plan:____
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Diagnostic Plan:____
____
Goals: ____
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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 ______________________

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