Wellmark BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Clear Form

Problem List/Past Medical History
Medical Record Keeping Aid

Note: Below is a suggested format identifying elements for meeting medical record standards for completed problem list and past medical history. This sample form is provided as a tool and not a requirement. Feel free to use or adapt it to the individual needs of your office.

Patient Name:_____ Date of Birth: _____/_____/_____

Medication Allergies:_____

_____

_____

_____

Problem (chronic/recurrent)	Date	Problem (chronic/recurrent)	Date
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Past Medical History (hospitalizations, past surgeries, medical illnesses)	Date
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