Downtime Form Problem List

Client Name: _____
Client MRN: _____

Code	Descriptor (Use ICD10 codes only or Snomed codes verbatim - see https://snomed.terminology.tools/terminology-ui/index.html#/terminology#content)	Date Established	Date Ended	Responsible Provider

Print Name: _____ **Date:** _____

Provider Signature: _____ **Credentials:** _____

Additional Signature if needed:
Print Name: _____ **Date:** _____

Provider Signature: _____ **Credentials:** _____