

CORRECTIONAL MANAGED CARE
DOCUMENT CLARIFICATION

Patient Name: **TDCJ#:** **Date:** **Facility:**

Housing: **Age:** **Race: R** **Sex:**
Most recent vitals from: <date> BP: Wt: Pulse: Resp: Temp: BMI:
CURRENT PEAK FLOWS: PF 1: ; PF 2: ; PF 3:
PRIOR PEAK FLOWS: PF1 ; ; PF 2: ; PF 3:
Allergies: BEETS, SULFA (SULFONAMIDES)

Patient Language:	Name of interpreter, if required:
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Current Medications:

DOCUMENT TITLE: <NAME OF ORIGINAL DOCUMENT>

DATE OF DOCUMENT: <DATE OF ORIGINAL DOCUMENT>

The attached document is clarified as follows:

This document has been sent for signature, but has not yet been reviewed

