

Adult* Summary of Conditions, Procedures and Preventive Care

Note: This form supports the Florida Agency for Health Care Administration's interpretive guidelines¹ for managed health care. Florida Blue provides this tool for practitioners to document, as part of the member's medical record, a summary of significant surgical procedures, diagnoses or problems, allergies, untoward reactions to drugs, and preventive care.

Name:		DOB:	Gender:	ID #:			
Advance Directive: Y <input type="checkbox"/> N <input type="checkbox"/>		Allergies/Adverse Reactions:					
Date	Significant Illnesses and Chronic Conditions	Operative/Invasive Procedures				Date	
Date	Medication Management/Education						
Preventive Health Care		Date	Date	Date	Date	Date	Date
Cholesterol Screening							
Colorectal Cancer Screening							
Cervical Cancer Screening							
Breast Cancer Screening							
STD Screening (e.g. chlamydia, etc.)							
Bone Density (osteoporosis) Screening							
Eye Exam/Retinal Exam							
Complete Physical Exam							
Nutritional/Physical Activity Counseling							
Weight Management/BMI Value							
Smoking/Alcohol/Substance Abuse/ Depression Counseling							
Immunizations							
Influenza Vaccine							
Pneumococcal Vaccine							
Tetanus-diphtheria Booster							
Other							

*18 years of age and older

¹http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Commercial_Managed_Care/docs/CHMO/Initial-IGs with Probes June 2010.pdf