



An Independent Licensee of the
Blue Cross and Blue Shield Association

Pediatric/Adolescent* Summary of Conditions, Procedures & Preventive Care

Note: This form supports the Florida's 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 subscriber's medical record, a summary of significant surgical procedures, diagnoses or problems, allergies, untoward reactions to drugs and preventive care.

Name:		DOB:		Gender:			
ID Number:		Allergies/Adverse Reactions:					
Date	Significant Illnesses/Chronic Conditions	Operative/Invasive Procedures				Date	
Date	Medication Management/Education						
Preventive Health Care		Date	Date	Date	Date	Date	Date
Well Child Exam							
Lipid Profile							
Nutrition/Physical Activity Counseling							
Weight Management/Height & Weight							
Safety and Risk Behavior Counseling							
Eye Exam							
Hearing Exam							
Dental Exam							
Smoking/Alcohol/Substance Abuse/ Depression Counseling							
STD Screening (e.g., Chlamydia, etc.)							
Immunizations		Date	Date	Date	Date	Date	Date
Immunizations up-to-date and completed record in file							
Other							

* Less than 18 years of age

¹http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Commercial_Managed_Care/docs/CHMO/Initial-IGs_withProbesJune2010.pdf