



An Independent Licensee of the  
Blue Cross and Blue Shield Association

## Adult\* Summary of Conditions, Procedures & Preventive Care

*Note: This form supports the Florida's Agency for Health Care Administration's interpretive guidelines<sup>1</sup> 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.*

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

\* 18 years of age and older

<sup>1</sup>[http://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Commercial\\_Managed\\_Care/docs/CHMO/Initial-IGswithProbesJune2010.pdf](http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Commercial_Managed_Care/docs/CHMO/Initial-IGswithProbesJune2010.pdf)  
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