



Adult* Summary of Conditions, Procedures and Preventive Care

Note: This form supports the Florida Agency for Health Care Administration's interpretive guidelines ¹ 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	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