Florida Blue

Pediatric/Adolescent*
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 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 #:	**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
Well Child Exam							
Cholesterol Screening							
Nutrition/Physical Activity Counseling							
Weight Management/Height, Weight and BMI Percentile							
Safety and Risk Behavior Counseling							
Eye Exam							
Hearing Exam							
Dental Exam							
Smoking/Alcohol/Substance Abuse/ Depression Counseling							
STD Screening (e.g., chlamydia, etc.)							
Immunizations							
Immunizations up-to-date and completed record in file							
Other							

*Younger than 18 years of age

[1] http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Commercial_Managed_Care/docs/CHMO/Initial-IGs withProbesJune2010.pdf

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