Florida Blue | MEDICARE

Patient Pre-Visit Checklist

Name: Date: MRN#:

☐ Provider Signature:

1. In the past 12 months did you talk with your doctor or other health care provider about your level of exercise or physical activity?
   - ☐ Yes
   - ☐ No
2. Have you had a flu shot since July 1, 2021?
   - ☐ Yes
   - ☐ No
3. In the past 6 months have you experienced leaking of urine?
   - ☐ Yes
   - ☐ No
4. During the past 4 weeks have you done less than you would like as a result of any emotional problems?
   - ☐ All the time
   - ☐ Most of the time
   - ☐ Some of the time
   - ☐ A little of the time
   - ☐ None of the time
5. In general, would your say your health is: (*please check one*)
   - ☐ Excellent
   - ☐ Very Good
   - ☐ Fair
   - ☐ Poor