Florida Blue
Your local Blue Cross Blue Shield | 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 ☐ Not Sure

2) In the past 12 months, have you had any problems with balance or walking?

☐ Yes ☐ No ☐ Not Sure

3) Have you had a flu shot since July?

☐ Yes ☐ No ☐ Not Sure

4) Many people experience leakage of urine, also call urinary incontinence. In the past six months, have you experienced urinary incontinence?

☐ Yes ☐ No ☐ Not Sure

5) In the past four weeks, have you ever felt like doing less than you would normally do because of any emotional problems, such as feeling anxious or depressed?

☐ Yes ☐ No ☐ Not Sure

6) Have you experienced any changes in your mental, physical or emotional health in the past year?

☐ Yes ☐ No ☐ Not Sure

7) In general, how would you describe the condition of your health?

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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