

## adult problem list

Name:	DOB:	M/F	Ethnicity:
Allergies:	Advance Directive Discussion Date: Copy of Advance Directive in Chart: Y/N		

Problem List	Date

Surgical History	Date

specialist/referral (note name of provider)	Date / Results	Date / Results	Date / Results	Date / Results	Date / Results	Date / Results
*Ophthalmologist:						
*OB/GYN:						
*Cardiologist:						
*Mental Health Provider:						
Other:						

education	Date / Results	Date / Results	Date / Results	Date / Results	Date / Results	Date / Results
Nutrition/Weight/Exercise * BMI Calculation:						
Substance Abuse Smoking Cessation/Alcohol/Drugs						
Safety Sun Protection/Seatbelts/Smoke Alarms/Guns/Safe Sex						
Menopause Management						
Breast Self Exam						
Testicular Self Exam						
Osteoporosis Prevention						
Other:						

**\*HEDIS® Requirement** – HEDIS® is a registered trademark of the National Committee for Quality Assurance. Quality reviews are performed annually on randomly selected patients. Keeping this form updated will reduce the need for excess medical record copying during the HEDIS Medical Record Review.