## **Preventive Care Checklist Form®**

## For average-risk, routine, male health assessments

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Please note:

Bold = Grade A, or strong evidence (from the Canadian Task Force on Preventive Health Care)

Italics = Grade B, or weak evidence (from the Canadian Task Force on Preventive Health Care)

Plain text = Guidelines (from other Canadian sources)

Name:	Sex:
DOB:	Age:
Health Card:	Tel:
Address:	

(See reverse for r	references, insert for explanations)	Date:		
Current Concerns		Lifestyle/Habits		
		Diet: Fat/Cholesterol Fiber Calcium Sodium	Smoking:  Alcohol:  Drugs:	
		Exercise:	Sexual History:	
		Work/Education: Poverty:	Family Planning/ Contraception:	
		Family: Relationships:	Sleep:	
		Update Cumulative Patient	Update Cumulative Patient Profile	
		☐ Family History ☐ Hospitalizations/Surgeries	<ul><li>☐ Medications</li><li>☐ Allergies</li></ul>	
HEENT: CVS: Resp: GI: GU:	onal Inquiry  ormal Remarks	Normal Remarks  MSK:   Neuro:   Derm:   Mental  Health:   Constitu-		
Sexual Function	<del>_</del>	tional SX:		
Education/ Counselling	adverse nutritional habits dietary advice on fat/cholesterol (30-69 yrs) adequate calcium intake (1000-1200 mg/day) adequate vitamin D (400-2000 IU/day) regular, moderate physical activity avoid sun exposure, use protective clothing safe sex practices/STI counselling	Alcohol  Yes No case finding for problem drinking counselling for problem drinking  Elderly Yes No fall assessment (if history of falls)	Personal Safety hearing protection noise control programs seat belts  Parents with children Yes No	
For general population unless otherwise stated	verweight (BMI 25-29) or Dese (BMI 30-39) Yes No Structured behavioural interventions for weight loss screen for mental illness if obese multidisciplinary approach Noking Yes No Smoking Cessation Noking Noticities replacement therapy/other drugs dietary advice on fruits and green leafy vegetables referral to validated smoking cessation program	Oral Hygiene    brushing/flossing teeth   fluoride (toothpaste/ supplement)   tooth scaling and prophylaxis   smoking cessation	poison control     prevention      smoke detectors      non-flammable     sleepwear      hot water thermostat     settings (<54°C)	

**Disclaimer:** This form is a guide to the adult periodic health examination. Last updated June 2018. The recommendations are for average-risk adults.



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Physical Examination					
BP:	HT: WT:	BMI:			
Age	≤ 64	years	≥ 65 years		
Labs /Investigations	☐ Lipid Profile q1-5 yrs (≥40 yrs☐ A1C or FPG if at risk☐ Bone Mineral Density if at risl	rrs  lis/HIV/HBV/HCV screen (if at risk) or sooner if at risk)  < 74 yrs) if risk factors (≥30 pack/yr,	Hemoccult Multiphase 2 yrs (60 to 74 yrs) FOBT or FIT OR Sigmoidoscopy q10 yrs Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk) Audioscope (or inquire/whispered voice test) Lipid Profile q1-5 yrs (≤75 yrs) A1C or FPG if at risk Bone Mineral Density Low dose CT scan q1 yr (55-74 yrs) if risk factors (≥30 pack/yr, currently smoke or quit less than 15 yrs ago) up to 3 times AAA screen (ultrasound once 65 to 80 yrs)		
Immunizations	Tetanus vaccine q10 yrs Influenza vaccine q1 yr Acellular pertussis vaccine Varicella vaccine (2 doses) Human papillomavirus vaccine Measles/Mumps/Rubella vaccine		Tetanus vaccine q10 yrs Influenza vaccine q1 yr Pneumococcal vaccine Acellular pertussis vaccine Recombinant herpes zoster vaccine (2 doses) Varicella vaccine (2 doses)		
Asse	essment and Plans		Signature:		
	Date: Signature:  References: See explanation sheet for references and recommendations.				

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Name: