

Preventive Care Checklist Form[®]

For average-risk, routine, male health assessments



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 Revised by: Dr. A. Zaltzman, Dr. K. Iglar, Dr. V. Dubey

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)
 (See reverse for references, insert for explanations)

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

Date:

<h3>Current Concerns</h3>	<h3>Lifestyle/Habits</h3> <p>Diet: <i>Fat/Cholesterol</i> Fiber <i>Calcium</i> Sodium</p> <p>Exercise:</p> <p>Work/Education:</p> <p>Poverty:</p> <p>Family:</p> <p>Relationships:</p> <p><i>Smoking:</i></p> <p><i>Alcohol:</i></p> <p>Drugs:</p> <p><i>Sexual History:</i></p> <p>Family Planning/ Contraception:</p> <p>Sleep:</p>
<h3>Update Cumulative Patient Profile</h3>	
<input type="checkbox"/> Family History <input type="checkbox"/> Medications <input type="checkbox"/> Hospitalizations/Surgeries <input type="checkbox"/> Allergies	

<h3>Functional Inquiry</h3> <table border="0"> <tr> <th style="text-align: left;">Normal</th> <th style="text-align: left;">Remarks</th> </tr> <tr> <td>HEENT: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>CVS: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Resp: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>GI: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>GU: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Sexual Function: <input type="checkbox"/></td> <td></td> </tr> </table>	Normal	Remarks	HEENT: <input type="checkbox"/>		CVS: <input type="checkbox"/>		Resp: <input type="checkbox"/>		GI: <input type="checkbox"/>		GU: <input type="checkbox"/>		Sexual Function: <input type="checkbox"/>		<table border="0"> <tr> <th style="text-align: left;">Normal</th> <th style="text-align: left;">Remarks</th> </tr> <tr> <td>MSK: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Neuro: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Derm: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Mental Health: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Constitutional SX: <input type="checkbox"/></td> <td></td> </tr> </table>	Normal	Remarks	MSK: <input type="checkbox"/>		Neuro: <input type="checkbox"/>		Derm: <input type="checkbox"/>		Mental Health: <input type="checkbox"/>		Constitutional SX: <input type="checkbox"/>	
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Education/ Counselling	<h3>Behavioural</h3> <ul style="list-style-type: none"> <input type="checkbox"/> <i>adverse nutritional habits</i> <input type="checkbox"/> <i>dietary advice on fat/cholesterol (30-69 yrs)</i> <input type="checkbox"/> adequate calcium intake (1000-1200 mg/day) <input type="checkbox"/> adequate vitamin D (400-2000 IU/day) <input type="checkbox"/> <i>regular, moderate physical activity</i> <input type="checkbox"/> <i>avoid sun exposure, use protective clothing</i> <input type="checkbox"/> <i>safe sex practices/STI counselling</i> <h3>Overweight (BMI 25-29) or Obese (BMI 30-39)</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <input type="checkbox"/> <i>structured behavioural interventions for weight loss</i> <input type="checkbox"/> screen for mental illness if obese <input type="checkbox"/> multidisciplinary approach <h3>Smoking</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <input type="checkbox"/> smoking cessation <input type="checkbox"/> nicotine replacement therapy/other drugs <input type="checkbox"/> <i>dietary advice on fruits and green leafy vegetables</i> <input type="checkbox"/> <i>referral to validated smoking cessation program</i> 	<h3>Alcohol</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <input type="checkbox"/> <i>case finding for problem drinking</i> <input type="checkbox"/> <i>counselling for problem drinking</i> <h3>Elderly</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <input type="checkbox"/> fall assessment (if history of falls) <h3>Oral Hygiene</h3> <ul style="list-style-type: none"> <input type="checkbox"/> brushing/flossing teeth <input type="checkbox"/> fluoride (toothpaste/supplement) <input type="checkbox"/> <i>tooth scaling and prophylaxis</i> <input type="checkbox"/> smoking cessation 	<h3>Personal Safety</h3> <ul style="list-style-type: none"> <input type="checkbox"/> hearing protection <input type="checkbox"/> noise control programs <input type="checkbox"/> seat belts <h3>Parents with children</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <input type="checkbox"/> <i>poison control prevention</i> <input type="checkbox"/> <i>smoke detectors</i> <input type="checkbox"/> <i>non-flammable sleepwear</i> <input type="checkbox"/> <i>hot water thermostat settings (<54°C)</i>
For general population unless otherwise stated			

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

Endorsed by:



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Name:

Physical Examination

BP: **HT:** **WT:** **BMI:**

Age	≤ 64 years	≥ 65 years
Labs/Investigations	<input type="checkbox"/> <i>Hemoccult multiphase</i> q2 yrs (≥50 yrs) FOBT or FIT OR <input type="checkbox"/> <i>Sigmoidoscopy</i> q10 yrs <input type="checkbox"/> Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen (if at risk) <input type="checkbox"/> Lipid Profile q1-5 yrs (≥40 yrs or sooner if at risk) <input type="checkbox"/> <i>A1C or FPG</i> if at risk <input type="checkbox"/> Bone Mineral Density if at risk <input type="checkbox"/> <i>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</i>	<input type="checkbox"/> Hemoccult Multiphase 2 yrs (60 to 74 yrs) FOBT or FIT OR <input type="checkbox"/> Sigmoidoscopy q10 yrs <input type="checkbox"/> Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen (if at risk) <input type="checkbox"/> <i>Audioscope (or inquire/whispered voice test)</i> <input type="checkbox"/> Lipid Profile q1-5 yrs (≤75 yrs) <input type="checkbox"/> <i>A1C or FPG</i> if at risk <input type="checkbox"/> Bone Mineral Density <input type="checkbox"/> <i>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</i> <input type="checkbox"/> <i>AAA screen</i> (ultrasound once 65 to 80 yrs)
Immunizations	<input type="checkbox"/> Tetanus vaccine q10 yrs <input type="checkbox"/> Meningococcal vaccine <input type="checkbox"/> Influenza vaccine q1 yr <input type="checkbox"/> Recombinant herpes zoster <input type="checkbox"/> Acellular pertussis vaccine vaccine (≥50 yrs) (2 doses) <input type="checkbox"/> Varicella vaccine (2 doses) <input type="checkbox"/> Human papillomavirus vaccine (≤26 yrs of age or msm) <input type="checkbox"/> Measles/Mumps/Rubella vaccine	<input type="checkbox"/> Tetanus vaccine q10 yrs <input type="checkbox"/> Influenza vaccine q1 yr <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Acellular pertussis vaccine <input type="checkbox"/> Recombinant herpes zoster vaccine (2 doses) <input type="checkbox"/> Varicella vaccine (2 doses)

Assessment and Plans

Date:

Signature:

References: See explanation sheet for references and recommendations.

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