

Preventive Care Checklist Form[®]

For average-risk, routine, female health assessments



Developed by: Dr. V. Dubey, Dr. R. Mathew, Dr. K. Iglar
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: _____

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

| <p>Functional Inquiry</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Normal</th> <th style="width: 50%; text-align: left;">Remarks</th> </tr> </thead> <tbody> <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>Breasts: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>GI: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>GU/ Menses: <input type="checkbox"/></td> <td></td> </tr> </tbody> </table> | Normal | Remarks | HEENT: <input type="checkbox"/> | | CVS: <input type="checkbox"/> | | Resp: <input type="checkbox"/> | | Breasts: <input type="checkbox"/> | | GI: <input type="checkbox"/> | | GU/ Menses: <input type="checkbox"/> | | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Normal</th> <th style="width: 50%; text-align: left;">Remarks</th> </tr> </thead> <tbody> <tr> <td>Sexual Function: <input type="checkbox"/></td> <td></td> </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> </tbody> </table> | Normal | Remarks | Sexual Function: <input type="checkbox"/> | | MSK: <input type="checkbox"/> | | Neuro: <input type="checkbox"/> | | Derm: <input type="checkbox"/> | | Mental Health: <input type="checkbox"/> | | Constitutional SX: <input type="checkbox"/> | |
|--|---------|---------|---------------------------------|--|-------------------------------|--|--------------------------------|--|-----------------------------------|--|------------------------------|--|---|--|---|--------|---------|---|--|-------------------------------|--|---------------------------------|--|--------------------------------|--|---|--|---|--|
| Normal | Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEENT: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CVS: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resp: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breasts: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GI: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GU/ Menses: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal | Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual Function: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">Education/ Counselling</p> <p>Behavioural</p> <p><input type="checkbox"/> folic acid (0.4-0.8 mg OD, for childbearing women) <input type="checkbox"/> <i>adverse nutritional habits</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></p> <p>Overweight (BMI 25-29) or Obese (BMI 30-39) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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</p> <p>Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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></p> | <p>Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <i>case finding for problem drinking</i> <input type="checkbox"/> <i>counselling for problem drinking</i></p> <p>Elderly <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> fall assessment (if history of falls)</p> <p>Oral Hygiene</p> <p><input type="checkbox"/> <i>brushing/flossing teeth</i> <input type="checkbox"/> fluoride (toothpaste/supplement) <input type="checkbox"/> <i>tooth scaling and prophylaxis</i> <input type="checkbox"/> smoking cessation</p> | <p>Personal Safety</p> <p><input type="checkbox"/> hearing protection <input type="checkbox"/> noise control programs <input type="checkbox"/> seat belts</p> <p>Parents with children <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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></p> |
|--|---|---|

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: **Pap:** **HT:** **WT:** **BMI:**

| Age | ≤ 64 years | ≥ 65 years |
|---------------------|--|--|
| Labs/Investigations | <input type="checkbox"/> <i>Mammography (50-74 yrs, q2-3 yrs)</i> <input type="checkbox"/> <i>Hemoccult multiphase q2 yrs (≥50 yrs) FOBT or FIT</i> OR <input type="checkbox"/> <i>Sigmoidoscopy q10 yrs</i> <input type="checkbox"/> Cervical Cytology q3 yrs (if ever sexually active and 25-69 yrs) <input type="checkbox"/> Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen (if at risk) <input type="checkbox"/> Lipid Profile q1-5 yrs (≥40 yrs, postmenopausal or sooner if at risk) <input type="checkbox"/> <i>A1C or FPG if at risk</i> <input type="checkbox"/> <i>Bone Mineral Density if at risk</i> <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>Mammography (50-74 yrs, q2-3 yrs)</i> <input type="checkbox"/> Hemoccult Multiphase q2 yrs (60 to 74 yrs) FOBT or FIT OR <input type="checkbox"/> Sigmoidoscopy q10 yrs <input type="checkbox"/> Cervical Cytology q3 yrs (if ever sexually active and up to 69 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 if at risk</i> <input type="checkbox"/> <i>Bone Mineral Density</i> <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> |
| 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"/> Human papillomavirus vaccine (up to 45 yrs) <input type="checkbox"/> Measles/Mumps/Rubella vaccine <input type="checkbox"/> Varicella vaccine (2 doses) | <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.