

Preventive Care Checklist Form[®]

For average-risk, routine, female 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)

(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>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>
<p>Update Cumulative Patient Profile</p> <p><input type="checkbox"/> Family History <input type="checkbox"/> Medications</p> <p><input type="checkbox"/> Hospitalizations/Surgeries <input type="checkbox"/> Allergies</p>	

<p>Functional Inquiry</p> <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>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> </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 border="0"> <tr> <th style="text-align: left;">Normal</th> <th style="text-align: left;">Remarks</th> </tr> <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>Constitu- tional SX: <input type="checkbox"/></td> <td></td> </tr> </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"/>		Constitu- tional SX: <input type="checkbox"/>	
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<p>Behavioural</p> <p><input type="checkbox"/> folic acid (0.4-0.8 mg OD, for childbearing women)</p> <p><input type="checkbox"/> <i>adverse nutritional habits</i></p> <p><input type="checkbox"/> adequate calcium intake (1000-1200 mg/day)</p> <p><input type="checkbox"/> adequate vitamin D (400-2000 IU/day)</p> <p><input type="checkbox"/> <i>regular, moderate physical activity</i></p> <p><input type="checkbox"/> <i>avoid sun exposure, use protective clothing</i></p> <p><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></p> <p><input type="checkbox"/> screen for mental illness if obese</p> <p><input type="checkbox"/> multidisciplinary approach</p> <p>Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> smoking cessation</p> <p><input type="checkbox"/> nicotine replacement therapy/other drugs</p> <p><input type="checkbox"/> <i>dietary advice on fruits and green leafy vegetables</i></p> <p><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></p> <p><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></p> <p><input type="checkbox"/> fluoride (toothpaste/supplement)</p> <p><input type="checkbox"/> <i>tooth scaling and prophylaxis</i></p> <p><input type="checkbox"/> smoking cessation</p>	<p>Personal Safety</p> <p><input type="checkbox"/> hearing protection</p> <p><input type="checkbox"/> noise control programs</p> <p><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></p> <p><input type="checkbox"/> <i>smoke detectors</i></p> <p><input type="checkbox"/> <i>non-flammable sleepwear</i></p> <p><input type="checkbox"/> <i>hot water thermostat settings (<54°C)</i></p>
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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.

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