Preventive Care Checklist Form®

For average-risk, routine, male health assessments

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Revised by: Dr. A. Ischayek, Dr. J. Ridley

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:

Lifestyle/Habits

Diet:  Smoking:
Fat/Cholesterol  Alcohol:
Fiber  Drugs:
Calcium  Sexual History:
Sodium

Exercise:  Work/Education:  Family Planning/

Sexual History:

Family:

Relationships:

Update Cumulative Patient Profile

- Family History
- Medications
- Hospitalizations/Surgeries
- Allergies

Functional Inquiry

<table>
<thead>
<tr>
<th>Normal</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td>HEENT:</td>
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<tr>
<td>CVS:</td>
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<tr>
<td>Resp:</td>
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<tr>
<td>GI:</td>
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<td>GU:</td>
<td></td>
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<tr>
<td>Sexual Function:</td>
<td></td>
</tr>
</tbody>
</table>

Behavioural

- adverse nutritional habits
- dietary advice on fat/cholesterol (30-69 yrs)
- adequate calcium intake (1000 to 1500mg/d)
- adequate vitamin D (400 to 1000 IU/d)
- regular, moderate physical activity
- avoid sun exposure, use protective clothing
- safe sex practices/STI counselling

Overweight (BMI 25-29) or Obese (BMI 30-39)

- Yes  No

- structured behavioural interventions for weight loss
- screen for mental illness if obese
- multidisciplinary approach

Smoking

- smoking cessation
- nicotine replacement therapy/other drugs
- dietary advice on fruits and green leafy vegetables
- referral to validated smoking cessation program

Alcohol

- Yes  No

- case finding for problem drinking
- counselling for problem drinking

Elderly

- Yes  No

- cognitive assessment (if concern)
- fall assessment (if history of falls)

Oral Hygiene

- brushing/flossing teeth
- fluoride (toothpaste/supplement)
- tooth scaling and prophylaxis
- smoking cessation

Personal Safety

- hearing protection
- noise control programs
- seat belts

Parents with children

- Yes  No

- 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 February 2015.
The recommendations are for average-risk adults.
## Physical Examination

<table>
<thead>
<tr>
<th>BP:</th>
<th>HT:</th>
<th>WT:</th>
<th>BMI:</th>
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</thead>
</table>

### Assessment and Plans

#### Age

##### ≤ 64 years
- □ Hemoccult multiphase q1-2 yrs (≥50 yrs)
- □ Hemoccult Multiphase q1-2 yrs (up to 74 yrs)
- □ Sigmodoscopy OR □ Colonoscopy
- □ Sigmoidoscopy OR □ Colonoscopy
- □ Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (high risk)
- □ Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (high risk)
- □ Fasting Lipid Profile q1-5 yrs (≥50 yrs or sooner if at risk)
- □ Fasting Lipid Profile q1-5 yrs (≥40 yrs or sooner if at risk)
- □ A1C or FPG if at risk
- □ A1C or FPG if at risk
- □ Bone Mineral Density if at risk
- □ Bone Mineral Density if at risk
- □ Audioscope (or inquire/whispered voice test)
- □ Audioscope (or inquire/whispered voice test)
- □ Tetanus vaccine q10 yrs
- □ Tetanus vaccine q10 yrs
- □ Influenza vaccine q1 yr
- □ Influenza vaccine q1 yr
- □ Acellular pertussis vaccine
- □ Pneumococcal vaccine
- □ Varicella vaccine (2 doses)
- □ Acellular pertussis vaccine
- □ Varicella vaccine (2 doses)
- □ Human papillomavirus vaccine (≥26 yrs of age or msm)
- □ Herpes zoster vaccine
- □ Human papillomavirus vaccine (≤26 yrs of age or msm)
- □ Herpes zoster vaccine
- □ Measles/Mumps/Rubella vaccine
- □ Measles/Mumps/Rubella vaccine

##### ≥ 65 years
- □ Hemoccult multiphase q1-2 yrs (≥50 yrs)
- □ Hemoccult Multiphase q1-2 yrs (up to 74 yrs)
- □ Sigmodoscopy OR □ Colonoscopy
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### Labs/Investigations

- □ BP:
- □ HT:
- □ WT:
- □ BMI:

### Reference

- □ BP:
- □ HT:
- □ WT:
- □ BMI:

### Immunizations

- □ BP:
- □ HT:
- □ WT:
- □ BMI:

### Assessment and Plans

- □ BP:
- □ HT:
- □ WT:
- □ BMI:

### Date: 

### Signature:

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