

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:

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 vaccine (≥50 yrs) (2 doses) <input type="checkbox"/> Acellular pertussis vaccine <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.

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:

