### Preventive Care Checklist Form®

**For average-risk, routine, male 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)

### Current Concerns

<table>
<thead>
<tr>
<th>Diet:</th>
<th>Smoking:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat/Cholesterol</td>
<td></td>
</tr>
<tr>
<td>Fiber</td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exercise:</th>
<th>Sexual History:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work/Education:</th>
<th>Family Planning/Contraception:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty:</th>
<th>Sleep:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family:</th>
<th>Relationships:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Update Cumulative Patient Profile

- [ ] Family History
- [ ] Medications
- [ ] Hospitalizations/Surgeries
- [ ] Allergies

### Functional Inquiry

#### Normal Remarks

**HEENT:**

- [ ]

**CVS:**

- [ ]

**Resp:**

- [ ]

**Gl:**

- [ ]

**GU:**

- [ ]

**Sexual Function:**

- [ ]

**MSK:**

- [ ]

**Neuro:**

- [ ]

**Derm:**

- [ ]

**Mental Health:**

- [ ]

**Constitutional SX:**

- [ ]

#### Behavioural

- [ ] adverse nutritional habits
- [ ] dietary advice on fat/cholesterol (30-69 yrs)
- [ ] adequate calcium intake (1000-1200 mg/day)
- [ ] adequate vitamin D (400-2000 IU/day)
- [ ] 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

- [ ] 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)

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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.
# Physical Examination

**Name:**

**BP:**

**HT:**

**WT:**

**BMI:**

<table>
<thead>
<tr>
<th>Age</th>
<th>≤ 64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Hemoccult multiphase q2 yrs (≥50 yrs) FOBT or FIT OR [ ] Sigmoidoscopy q10 yrs</td>
<td>[ ] Hemoccult Multiphase 2 yrs (60 to 74 yrs) FOBT or FIT OR [ ] Sigmoidoscopy q10 yrs</td>
</tr>
<tr>
<td></td>
<td>[ ] Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk)</td>
<td>[ ] Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk)</td>
</tr>
<tr>
<td></td>
<td>[ ] Lipid Profile q1-5 yrs (&lt;40 yrs or sooner if at risk)</td>
<td>[ ] Lipid Profile q1-5 yrs (&lt;40 yrs)</td>
</tr>
<tr>
<td></td>
<td>[ ] A1C or FPG if at risk</td>
<td>[ ] A1C or FPG if at risk</td>
</tr>
<tr>
<td></td>
<td>[ ] Bone Mineral Density if at risk</td>
<td>[ ] Bone Mineral Density</td>
</tr>
<tr>
<td></td>
<td>[ ] 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</td>
<td>[ ] 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</td>
</tr>
<tr>
<td></td>
<td>[ ] AAA screen (ultrasound once 65 to 80 yrs)</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Age</th>
<th>≤ 64 years</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] Tetanus vaccine q10 yrs</td>
<td>[ ] Tetanus vaccine q10 yrs</td>
</tr>
<tr>
<td></td>
<td>[ ] Influenza vaccine q1 yr</td>
<td>[ ] Influenza vaccine q1 yr</td>
</tr>
<tr>
<td></td>
<td>[ ] Acellular pertussis vaccine (≥50 yrs) (2 doses)</td>
<td>[ ] Pneumococcal vaccine</td>
</tr>
<tr>
<td></td>
<td>[ ] Varicella vaccine (2 doses)</td>
<td>[ ] Acellular pertussis vaccine</td>
</tr>
<tr>
<td></td>
<td>[ ] Human papillomavirus vaccine (&lt;26 yrs of age or msm)</td>
<td>[ ] Recombinant herpes zoster vaccine (2 doses)</td>
</tr>
<tr>
<td></td>
<td>[ ] Measles/Mumps/Rubella vaccine</td>
<td>[ ] Varicella vaccine (2 doses)</td>
</tr>
</tbody>
</table>

## Assessment and Plans

**Date:**

**Signature:**

**References:** See explanation sheet for references and recommendations.

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Endorsed by: THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

PH1806GB1595 Male