Preventive Care Checklist Form[®]

For average-risk, routine, male 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)

Name:	Sex:
DOB:	Age:
Health Card:	Tel:
Address:	

(See reverse for references, insert for explanations)	Date:		
Current Concerns Lifestyle/Habits			
	Diet: <i>Fat/Cholesterol</i> Fiber <i>Calcium</i> Sodium	Smoking: Alcohol: Drugs:	
	Exercise:	Sexual History:	
	Work/Education: Poverty:	Family Planning/ Contraception:	
	Family: Relationships:	Sleep:	
	Update Cumulative Patient	Update Cumulative Patient Profile	
	 Family History Hospitalizations/Surgeries 	Medications Allergies	
Functional Inquiry			
Normal Remarks	Normal Remarks		
CVS:	Neuro:		
Resp:	Derm:		
GI: □ GU: □	Mental Health:		
Sexual Function:	Constitu- tional 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	Alcohol Yes No case finding for problem drinking counselling for problem drinking Elderly Yes No fall assessment (if history of falls)	Personal Safety hearing protection noise control programs seat belts Parents with children Yes No	
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 multidisciplinary approach Smoking Yes No structure de behavioural interventions for weight loss nultidisciplinary approach Smoking Yes No dietary advice on fruits and green leafy vegetables referral to validated smoking cessation program	Oral Hygiene brushing/flossing teeth fluoride (toothpaste/ supplement) tooth scaling and prophylaxis smoking cessation	 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 June 2018. The recommendations are for average-risk adults.



Name:		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)		
Physical Examination				
BP:	HT: WT: BMI:			
Age	≤ 64 years	≥ 65 years		
Labs /Investigations	 Hemoccult multiphase q2 yrs (≥50 yrs) FOBT or FIT OR Sigmoidoscopy q10 yrs Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk) Lipid Profile q1-5 yrs (≥40 yrs or sooner if at risk) A1C or FPG if at risk Bone Mineral Density if at risk 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 	 Hemoccult Multiphase 2 yrs (60 to 74 yrs) FOBT or FIT OR Sigmoidoscopy q10 yrs Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk) Audioscope (or inquire/whispered voice test) Lipid Profile q1-5 yrs (≤75 yrs) A1C or FPG if at risk Bone Mineral Density 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 AAA screen (ultrasound once 65 to 80 yrs) 		
Immunizations	□ Tetanus vaccine q10 yrs □ Meningococcal vaccine □ Influenza vaccine q1 yr □ Recombinant herpes zoster □ Acellular pertussis vaccine vaccine (≥50 yrs) (2 doses) □ Varicella vaccine (2 doses) □ Human papillomavirus vaccine (≤26 yrs of age or msm) □ Measles/Mumps/Rubella vaccine	 Tetanus vaccine q10 yrs Influenza vaccine q1 yr Pneumococcal vaccine Acellular pertussis vaccine Recombinant herpes zoster vaccine (2 doses) Varicella vaccine (2 doses) 		
Assessment and Plans				
Date: Signature:				
References: See explanation sheet for references and recommendations.				

