

# Preventive Care Checklist Form<sup>®</sup>

## For average-risk, routine, female health assessments



Developed by: Dr. V. Dubey, Dr. R. Mathew, Dr. K. Iglar  
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:

<b>Current Concerns</b>	<b>Lifestyle/Habits</b>																			
	<table><tr><td>Diet:</td><td><i>Smoking:</i></td></tr><tr><td><i>Fat/Cholesterol</i></td><td></td></tr><tr><td>Fiber</td><td><i>Alcohol:</i></td></tr><tr><td><i>Calcium</i></td><td></td></tr><tr><td>Sodium</td><td>Drugs:</td></tr><tr><td>Exercise:</td><td><i>Sexual History:</i></td></tr><tr><td>Work/Education:</td><td>Family Planning/ Contraception:</td></tr><tr><td>Poverty:</td><td></td></tr><tr><td>Family:</td><td>Sleep:</td></tr><tr><td>Relationships:</td><td></td></tr></table>	Diet:	<i>Smoking:</i>	<i>Fat/Cholesterol</i>		Fiber	<i>Alcohol:</i>	<i>Calcium</i>		Sodium	Drugs:	Exercise:	<i>Sexual History:</i>	Work/Education:	Family Planning/ Contraception:	Poverty:		Family:	Sleep:	Relationships:
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Education/ Counselling	<b>Behavioural</b>	<b>Alcohol</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Personal Safety</b>																				
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For general population unless otherwise stated	<b>Overweight (BMI 25-29) or Obese (BMI 30-39)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>cognitive assessment</b> (if concerns)	<input type="checkbox"/> <i>poison control prevention</i>																				
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	<b>Smoking</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <b>brushing/flossing teeth</b>																					
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**Disclaimer:** This form is a guide to the adult periodic health examination. Last updated February 2015. The recommendations are for average-risk adults.

Endorsed by:



The College of Family Physicians of Canada  
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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"/> <b>Hemoccult multiphase q1-2 yrs</b> (≥50 yrs) OR <input type="checkbox"/> <i>Sigmoidoscopy</i> OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> <b>Cervical Cytology q3 yrs</b> (if ever sexually active and 25-69 yrs) <input type="checkbox"/> <b>Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen</b> (high risk) <input type="checkbox"/> Fasting Lipid Profile q1-5 yrs (≥50 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>Mammography (50-74 yrs, q2-3 yrs)</i> <input type="checkbox"/> <b>Hemoccult Multiphase q1-2 yrs</b> (up to 74 yrs) OR <input type="checkbox"/> <i>Sigmoidoscopy</i> OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> <b>Cervical Cytology q3 yrs</b> (if ever sexually active and up to 69 yrs) <input type="checkbox"/> <b>Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen</b> (high risk) <input type="checkbox"/> <i>Audioscope (or inquire/whispered voice test)</i> <input type="checkbox"/> Fasting 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>
Immunizations	<input type="checkbox"/> <b>Tetanus vaccine q10 yrs</b> <input type="checkbox"/> Meningococcal vaccine <input type="checkbox"/> <b>Influenza vaccine q1 yr</b> <input type="checkbox"/> Herpes zoster vaccine (≥60 yrs) <input type="checkbox"/> Acellular pertussis vaccine <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"/> <b>Tetanus vaccine q10 yrs</b> <input type="checkbox"/> <b>Influenza vaccine q1 yr</b> <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Acellular pertussis vaccine <input type="checkbox"/> Herpes zoster vaccine <input type="checkbox"/> Varicella vaccine (2 doses)

**Assessment and Plans**

**Date:**

**Signature:**

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

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