

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: _____

<h3>Current Concerns</h3>	<h3>Lifestyle/Habits</h3> <p>Diet: <i>Fat/Cholesterol</i> Fiber <i>Calcium</i> Sodium</p> <p>Exercise:</p> <p>Work/Education:</p> <p>Poverty:</p> <p>Family:</p> <p>Relationships:</p> <p><i>Smoking:</i></p> <p><i>Alcohol:</i></p> <p>Drugs:</p> <p><i>Sexual History:</i></p> <p>Family Planning/ Contraception:</p> <p>Sleep:</p>
<h3>Update Cumulative Patient Profile</h3>	
<input type="checkbox"/> Family History <input type="checkbox"/> Medications <input type="checkbox"/> Hospitalizations/Surgeries <input type="checkbox"/> Allergies	

<h3>Functional Inquiry</h3> <table border="0"> <tr> <th style="text-align: left;">Normal</th> <th style="text-align: left;">Remarks</th> </tr> <tr> <td>HEENT: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>CVS: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Resp: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>GI: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>GU: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Sexual Function: <input type="checkbox"/></td> <td></td> </tr> </table>	Normal	Remarks	HEENT: <input type="checkbox"/>		CVS: <input type="checkbox"/>		Resp: <input type="checkbox"/>		GI: <input type="checkbox"/>		GU: <input type="checkbox"/>		Sexual Function: <input type="checkbox"/>		<table border="0"> <tr> <th style="text-align: left;">Normal</th> <th style="text-align: left;">Remarks</th> </tr> <tr> <td>MSK: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Neuro: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Derm: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Mental Health: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Constitutional SX: <input type="checkbox"/></td> <td></td> </tr> </table>	Normal	Remarks	MSK: <input type="checkbox"/>		Neuro: <input type="checkbox"/>		Derm: <input type="checkbox"/>		Mental Health: <input type="checkbox"/>		Constitutional SX: <input type="checkbox"/>	
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Education/ Counselling</p> <h3>Behavioural</h3> <input type="checkbox"/> <i>adverse nutritional habits</i> <input type="checkbox"/> <i>dietary advice on fat/cholesterol (30-69 yrs)</i> <input type="checkbox"/> adequate calcium intake (1000 to 1500mg/d) <input type="checkbox"/> adequate vitamin D (400 to 1000 IU /d) <input type="checkbox"/> <i>regular, moderate physical activity</i> <input type="checkbox"/> <i>avoid sun exposure, use protective clothing</i> <input type="checkbox"/> <i>safe sex practices/STI counselling</i> <h3>Overweight (BMI 25-29) or Obese (BMI 30-39)</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>structured behavioural interventions for weight loss</i> <input type="checkbox"/> screen for mental illness if obese <input type="checkbox"/> multidisciplinary approach <h3>Smoking</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> smoking cessation <input type="checkbox"/> nicotine replacement therapy/other drugs <input type="checkbox"/> <i>dietary advice on fruits and green leafy vegetables</i> <input type="checkbox"/> <i>referral to validated smoking cessation program</i>	<h3>Alcohol</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>case finding for problem drinking</i> <input type="checkbox"/> <i>counselling for problem drinking</i> <h3>Elderly</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> cognitive assessment (if concerns) <input type="checkbox"/> fall assessment (if history of falls) <h3>Oral Hygiene</h3> <input type="checkbox"/> brushing/flossing teeth <input type="checkbox"/> fluoride (toothpaste/supplement) <input type="checkbox"/> <i>tooth scaling and prophylaxis</i> <input type="checkbox"/> smoking cessation	<h3>Personal Safety</h3> <input type="checkbox"/> hearing protection <input type="checkbox"/> noise control programs <input type="checkbox"/> seat belts <h3>Parents with children</h3> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>poison control prevention</i> <input type="checkbox"/> <i>smoke detectors</i> <input type="checkbox"/> <i>non-flammable sleepwear</i> <input type="checkbox"/> <i>hot water thermostat settings (<54°C)</i>
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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.

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Name:

Physical Examination

BP: HT: WT: BMI:

Age	≤ 64 years	≥ 65 years
Labs/Investigations	<input type="checkbox"/> Hemoccult multiphase q1-2 yrs (≥50 yrs) OR <input type="checkbox"/> <i>Sigmoidoscopy</i> OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen (high risk) <input type="checkbox"/> Fasting Lipid Profile q1-5 yrs (≥40 yrs or sooner if at risk) <input type="checkbox"/> <i>A1C or FPG if at risk</i> <input type="checkbox"/> Bone Mineral Density if at risk	<input type="checkbox"/> Hemoccult Multiphase q1-2 yrs (up to 74 yrs) OR <input type="checkbox"/> <i>Sigmoidoscopy</i> OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen (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"/> Bone Mineral Density
Immunizations	<input type="checkbox"/> Tetanus vaccine q10 yrs <input type="checkbox"/> Meningococcal vaccine <input type="checkbox"/> Influenza vaccine q1 yr <input type="checkbox"/> Herpes zoster vaccine (≥60 yrs) <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"/> Herpes zoster vaccine <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Acellular pertussis 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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The College of Family Physicians of Canada

Le Collège des médecins de famille du Canada