

Preventive Care Checklist Form[®]

For average-risk, routine, male health assessments



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Please note:

Bold = Good evidence (from the Canadian Task Force on Preventive Health Care)
Italics = Fair 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:

Current Concerns

Lifestyle/Habits

Diet:

Fat / Cholesterol

Fiber

Calcium

Sodium

Smoking:

Alcohol:

Drugs:

Sexual History:

Exercise:

Work:

Family Planning/
Contraception:

Family:

Sleep:

Relationships:

Update Cumulative Patient Profile

Family History

Medications

Hospitalizations/Surgeries

Allergies

Functional Inquiry

	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"/>	

	Normal	Remarks
MSK:	<input type="checkbox"/>	
Neuro:	<input type="checkbox"/>	
Derm:	<input type="checkbox"/>	
Mental Health:	<input type="checkbox"/>	<i>Depression screen</i> <input type="checkbox"/> <i>positive</i> <input type="checkbox"/> <i>negative</i>
Constitutional SX:	<input type="checkbox"/>	

Education/
Counseling

Behavioural

- adverse nutritional habits*
- dietary advice on fat/cholesterol (30-69 yrs)*
- adequate calcium intake (1000 to 1500 mg/d)¹
- adequate vitamin D (200 IU in 50-64, 400-800 IU in ≥ 65 yr)¹
- regular, moderate physical activity*
- weight loss counseling if overweight*
- avoid sun exposure, use protective clothing*
- safe sex practices/STD counseling*

Smoking

Yes No

- smoking cessation**
- nicotine replacement therapy**
- dietary advice on fruits and green leafy vegetables*
- referral to validated smoking cessation program*

For general population
unless otherwise stated

Alcohol

Yes No

- case finding for problem drinking*
- counseling for problem drinking*

Elderly

Yes No

- cognitive assessment**
(if concerns)
- 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)*

Disclaimer: This form is a guide to the adult periodic health examination. Last updated January 2007. The recommendations are for average-risk adults.

Endorsed by:



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada



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Name: _____

Physical Examination

HR: _____ BP: _____ RR: _____ HT: _____ WT: _____ BMI: _____
Waist Circumference: _____ Ratio: _____
Hip Circumference: _____

Eyes: _____ Snellen sight card: R _____
L _____

Abdo: _____

Nose: _____ Ano-Rectum: _____

Ears: _____ whispered voice test: R _____
L _____

Genitalia: _____

Mouth/Throat: _____ Neuro: _____

Neck/Thyroid: _____ Derm: _____

CVS: _____ MSK/Joints: _____

Resp: _____ Extremities: _____

Age	21-64 years	≥ 65 years
Labs/Investigations	<input type="checkbox"/> Hemocult multiphase q1-2 years (age ≥50) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Gonorrhea/Chlamydia/Syphilis/HIV/HBV ⁵ screen (high risk) <input type="checkbox"/> Fasting Lipid Profile (≥40 yr or sooner if at risk) ² <input type="checkbox"/> Fasting Blood Glucose, at least q3 yrs (≥40 yr or sooner if at risk) ³ <input type="checkbox"/> Bone Mineral Density if at risk ¹	<input type="checkbox"/> Hemocult Multiphase q1-2 years OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Audioscope (or inquire/whispered voice test) <input type="checkbox"/> Fasting Lipid Profile ² <input type="checkbox"/> Fasting Blood Glucose, at least q3 yrs (more often if at risk) ³ <input type="checkbox"/> Bone Mineral Density, q1-2 years if abnormal, q2-3 years if normal ¹
Immunizations	<input type="checkbox"/> Tetanus vaccine q10yr <input type="checkbox"/> Influenza vaccine q1yr <input type="checkbox"/> Varicella vaccine (2 doses) <input type="checkbox"/> Varicella Immunity <input type="checkbox"/> Pneumococcal vaccine (high risk) ⁴ <input type="checkbox"/> Acellular pertussis vaccine ⁴	<input type="checkbox"/> Tetanus vaccine q10yr <input type="checkbox"/> Influenza vaccine q1yr <input type="checkbox"/> Varicella vaccine (2 doses) <input type="checkbox"/> Varicella Immunity <input type="checkbox"/> Pneumococcal vaccine ⁴ <input type="checkbox"/> Acellular pertussis vaccine ⁴

Assessment and Plans:

Date: _____

Signature: _____

References

- Unless otherwise stated, recommendations come from the Canadian Task Force on Preventive Health Care: *The Canadian Guide to Clinical Preventive Health Care*. Ottawa: Minister of Supply and Services Canada and <http://www.ctfphc.org/>
1. Scientific Advisory Board, Osteoporosis Society of Canada. Clinical practice guidelines for the diagnosis and management of osteoporosis. *CMAJ* 2002;167(10 suppl):S1-34.
 2. Working Group on Hypercholesterolemia and Other Dyslipidemias. Recommendations for the management and treatment of dyslipidemia and the prevention of cardiovascular disease: 2006 update. *Can J Cardiol* 2006;22(11) 913-927.
 3. Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Assn 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*. 2003;27 (Suppl 2).
 4. National Advisory Committee on Immunization. *Canadian Immunization Guide*, 7th edition. Ottawa: Minister of Public Works and Government Services Canada; 2006.
 5. Expert Working Group on Canadian Guidelines for STIs. *Canadian Guidelines on Sexually Transmitted Infections*, 2006 edition. Ottawa: Public Health Agency of Canada.

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