

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

## 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)

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

Date: .....

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

<p><b>Functional Inquiry</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">Normal</th> <th style="width:50%; text-align: left;">Remarks</th> </tr> </thead> <tbody> <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> </tbody> </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 style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">Normal</th> <th style="width:50%; text-align: left;">Remarks</th> </tr> </thead> <tbody> <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> </tbody> </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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Education/ Counselling	<p><b>Behavioural</b></p> <p><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 (1000-1200 mg/day)  <input type="checkbox"/> adequate vitamin D (400-2000 IU/day)  <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></p> <p><b>Overweight (BMI 25-29) or Obese (BMI 30-39)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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</p> <p><b>Smoking</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <b>smoking cessation</b>  <input type="checkbox"/> <b>nicotine replacement therapy/other drugs</b>  <input type="checkbox"/> <i>dietary advice on fruits and green leafy vegetables</i>  <input type="checkbox"/> <i>referral to validated smoking cessation program</i></p>	<p><b>Alcohol</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <i>case finding for problem drinking</i>  <input type="checkbox"/> <i>counselling for problem drinking</i></p> <p><b>Elderly</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <b>fall assessment</b> (if history of falls)</p> <p><b>Oral Hygiene</b></p> <p><input type="checkbox"/> <b>brushing/flossing teeth</b>  <input type="checkbox"/> <b>fluoride (toothpaste/supplement)</b>  <input type="checkbox"/> <i>tooth scaling and prophylaxis</i>  <input type="checkbox"/> <b>smoking cessation</b></p>	<p><b>Personal Safety</b></p> <p><input type="checkbox"/> <b>hearing protection</b>  <input type="checkbox"/> <b>noise control programs</b>  <input type="checkbox"/> <b>seat belts</b></p> <p><b>Parents with children</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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 (&lt;54°C)</i></p>
For general population unless otherwise stated			

**Disclaimer:** This form is a guide to the adult periodic health examination. Last updated June 2018. The recommendations are for average-risk adults.

Endorsed by:



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Name: .....

**Physical Examination**

**BP:**            **HT:**            **WT:**            **BMI:**

Age	≤ 64 years	≥ 65 years
Labs/Investigations	<input type="checkbox"/> <i>Hemoccult multiphase</i> q2 yrs (≥50 yrs) FOBT or FIT OR <input type="checkbox"/> <i>Sigmoidoscopy</i> q10 yrs <input type="checkbox"/> <b>Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen</b> (if at risk) <input type="checkbox"/> Lipid Profile q1-5 yrs (≥40 yrs or sooner if at risk) <input type="checkbox"/> <i>A1C or FPG</i> if at risk <input type="checkbox"/> Bone Mineral Density if at risk <input type="checkbox"/> <i>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</i>	<input type="checkbox"/> <b>Hemoccult Multiphase 2 yrs</b> (60 to 74 yrs) FOBT or FIT OR <input type="checkbox"/> <b>Sigmoidoscopy q10 yrs</b> <input type="checkbox"/> <b>Gonorrhea/Chlamydia/Syphilis/HIV/HSV/HCV screen</b> (if at risk) <input type="checkbox"/> <i>Audioscope (or inquire/whispered voice test)</i> <input type="checkbox"/> Lipid Profile q1-5 yrs (≤75 yrs) <input type="checkbox"/> <i>A1C or FPG</i> if at risk <input type="checkbox"/> Bone Mineral Density <input type="checkbox"/> <i>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</i> <input type="checkbox"/> <i>AAA screen</i> (ultrasound once 65 to 80 yrs)
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"/> Recombinant herpes zoster <input type="checkbox"/> Acellular pertussis vaccine    vaccine (≥50 yrs) (2 doses) <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"/> <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"/> Recombinant herpes zoster vaccine (2 doses) <input type="checkbox"/> Varicella vaccine (2 doses)

**Assessment and Plans**

**Date:** .....

**Signature:** .....

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