



**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:

**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.

**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

Le Collège des médecins de famille du Canada