Preventive Care Checklist Form®

For average-risk, routine, female health assessments

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Please note:

Bold = Grade A, or strong evidence (from the Canadian Task Force on Preventive Health Care)

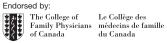
Italics = Grade B, or weak evidence (from the Canadian Task Force on Preventive Health Care)

Plain text = Guidelines (from other Canadian sources)

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

(See reverse for references, insert for explanations)	Date:			
Current Concerns	Lifestyle/Habits			
	Diet: Fat/Cholesterol Fiber Calcium Sodium	Smoking: Alcohol: Drugs:		
	Exercise:	Sexual History:		
	Work/Education: Poverty:	Family Planning/ Contraception:		
	Family: Relationships:	Sleep:		
	Update Cumulative Patient Profile			
	☐ Family History ☐ Hospitalizations/Surgeries	☐ Medications ☐ Allergies		
Functional Inquiry				
Normal Remarks HEENT:	Normal Remarks Sexual			
CVS:	Function: MSK:			
Resp:	Neuro:			
Breasts:	Derm:	Derm:		
GI:	Mental Health:			
GU/ Menses:	Constitutional SX:			
Behavioural folic acid (0.4-0.8 mg OD, for childbearing women) adverse nutritional habits adequate calcium intake (1000 to 1500mg/d) adequate vitamin D (400 to 1000 IU /d) regular, moderate physical activity avoid sun exposure, use protective clothing	Alcohol Yes No case finding for problem drinking counseling for problem drinking Elderly Yes No	Personal Safety hearing protection noise control programs seat belts Parents with		
☐ safe sex practices/STD counseling Overweight (BMI 25-29) or Obese (BMI 30-39) ☐ Yes ☐ No	cognitive assessment (if concerns) fall assessment (if history of falls)	children		
structured behavioural interventions for weight loss screen for mental illness if obese multidisciplinary approach Smoking Yes No smoking cessation nicotine replacement therapy/other drugs dietary advice on fruits and green leafy vegetables referral to validated smoking cessation program	Oral Hygiene brushing/flossing teeth fluoride (toothpaste/supplement) tooth scaling and prophylaxis smoking cessation	☐ non-flammable sleepwear ☐ hot water thermostat settings (<54°C)		

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:

Phys	ical Examinatio	n				
BP:	Рар:	HT:	WT:	BMI:		
Age		≤ 64 ye	ars		≥ 65 years	
	Mammography (50	_			☐ Mammography (50-74 yrs, q2-3 yrs)	
Labs/Investigations	Hemoccult multi	phase q1-2 yrs	(≥50 yrs)		Hemoccult Multiphase q1-2 yrs (up to 74 yrs)	
	OR Sigmoido Cervical Cytolog		Colonoscopsexually active a		OR Sigmoidoscopy OR Colonoscopy Cervical Cytology q3 yrs (if ever sexually active and up to 69 yrs)	
Invest	Gonorrhea/Chlan					
Labs,	Fasting Lipid Prof	ille q1-5 yrs (≥50	yrs, postmenop	ausai or sooner	☐ Audioscope (or inquire/whispered voice test)☐ Fasting Lipid Profile q1-5 yrs (≤75 yrs)	
	☐ A1C or FPG if at I☐ Bone Mineral Den				☐ A1C or FPG if at risk ☐ Bone Mineral Density	
	Tetanus vaccine		eningococcal v	accine	☐ Tetanus vaccine q10 yrs	
ions	Influenza vaccine	eq1yr 🗌 He	erpes zoster va		☐ Influenza vaccine q1 yr	
Immunizations	☐ Acellular pertussis☐ Human papilloma		o to 45 vrs)		Pneumococcal vaccine Acellular pertussis vaccine	
mm m	☐ Measles/Mumps/l	Rubella vaccine	, ,		Herpes zoster vaccine	
•	Varicella vaccine				Varicella vaccine (2 doses)	
Assessment and Plans						
Date:				Signature:		
Referen	References: See explanation sheet for references and recommendations.					

Endorsed by:

The College of Family Physicians of Canada

The Collège des médecins de famille du Canada