

Preventive Care Checklist Form[®]

For average-risk, routine, female 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:

<p>Current Concerns</p>	<p>Lifestyle/Habits</p> <p>Diet: <i>Fat / Cholesterol</i> <i>Fiber</i> <i>Calcium</i> <i>Sodium</i></p> <p>Exercise:</p> <p>Work:</p> <p>Family:</p> <p>Relationships:</p> <p style="text-align: right;"><i>Smoking:</i></p> <p style="text-align: right;"><i>Alcohol:</i></p> <p style="text-align: right;">Drugs:</p> <p style="text-align: right;"><i>Sexual History:</i></p> <p style="text-align: right;">Family Planning/ Contraception:</p> <p style="text-align: right;">Sleep:</p>																																										
<p>Update Cumulative Patient Profile</p> <p><input type="checkbox"/> Family History <input type="checkbox"/> Medications</p> <p><input type="checkbox"/> Hospitalizations/Surgeries <input type="checkbox"/> Allergies</p>																																											
<p>Functional Inquiry</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Normal</th> <th style="width:10%; text-align: center;">Remarks</th> </tr> </thead> <tbody> <tr> <td>HEENT:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>CVS:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Resp:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Breasts:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>GI:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>GU/ Menses:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Normal	Remarks	HEENT:	<input type="checkbox"/>		CVS:	<input type="checkbox"/>		Resp:	<input type="checkbox"/>		Breasts:	<input type="checkbox"/>		GI:	<input type="checkbox"/>		GU/ Menses:	<input type="checkbox"/>		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Normal</th> <th style="width:10%; text-align: center;">Remarks</th> </tr> </thead> <tbody> <tr> <td>Sexual: Function</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>MSK:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Neuro:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Derm:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Mental Health:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><i>Depression screen</i> <input type="checkbox"/> <i>positive</i> <input type="checkbox"/> <i>negative</i></td> </tr> <tr> <td>Constitutional SX:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Normal	Remarks	Sexual: Function	<input type="checkbox"/>		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"/>	
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Education/ Counseling</p>	<p>Behavioural</p> <p><input type="checkbox"/> folic acid (0.4-0.8 mg OD, for childbearing women)</p> <p><input type="checkbox"/> <i>adverse nutritional habits</i></p> <p><input type="checkbox"/> <i>adequate calcium intake (1000 to 1500 mg/d)¹</i></p> <p><input type="checkbox"/> <i>adequate vitamin D (200 IU in 50-64, 400-800 IU in ≥ 65 yr)¹</i></p> <p><input type="checkbox"/> <i>regular, moderate physical activity</i></p> <p><input type="checkbox"/> <i>weight loss counseling if overweight</i></p> <p><input type="checkbox"/> <i>avoid sun exposure, use protective clothing</i></p> <p><input type="checkbox"/> <i>safe sex practices/STD counseling</i></p> <p>Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> smoking cessation</p> <p><input type="checkbox"/> nicotine replacement therapy</p> <p><input type="checkbox"/> <i>dietary advice on fruits and green leafy vegetables</i></p> <p><input type="checkbox"/> <i>referral to validated smoking cessation program</i></p>	<p>Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <i>case finding for problem drinking</i></p> <p><input type="checkbox"/> <i>counseling for problem drinking</i></p> <p>Elderly <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> cognitive assessment (if concerns)</p> <p><input type="checkbox"/> fall assessment (if history of falls)</p> <p>Oral Hygiene</p> <p><input type="checkbox"/> <i>brushing/flossing teeth</i></p> <p><input type="checkbox"/> fluoride (toothpaste/supplement)</p> <p><input type="checkbox"/> <i>tooth scaling and prophylaxis</i></p> <p><input type="checkbox"/> smoking cessation</p>	<p>Personal Safety</p> <p><input type="checkbox"/> hearing protection</p> <p><input type="checkbox"/> noise control programs</p> <p><input type="checkbox"/> seat belts</p> <p>Parents with children</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <i>poison control prevention</i></p> <p><input type="checkbox"/> <i>smoke detectors</i></p> <p><input type="checkbox"/> <i>non-flammable sleepwear</i></p> <p><input type="checkbox"/> <i>hot water thermostat settings (<54°C)</i></p>																																								

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



Name: _____

Physical Examination

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

Eyes: _____ Snellen sight card: R _____
 L _____

Nose: _____ Abdo: _____

Ears: _____ whispered voice test: R _____
 L _____

Mouth/Throat: _____ Pelvic: Pap

Neck/Thyroid: _____ Neuro: _____

CVS: _____ Derm: _____

Resp: _____ MSK/Joints: _____
 Extremities: _____

Age	21-64 years	≥ 65 years
Labs/Investigations	<input type="checkbox"/> Mammography (50-69 yrs, q1-2 yrs; consider if 40-49 yrs) <input type="checkbox"/> Hemoccult multiphase q1-2 years (age ≥50) OR <input type="checkbox"/> Sigmoidoscopy OR <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Cervical Cytology q1-3 yrs (sexually active until age 69) <input type="checkbox"/> Gonorrhea/Chlamydia/Syphilis/HIV/HBV⁵ screen (high risk) <input type="checkbox"/> Fasting Lipid Profile (≥50 yr or postmenopausal 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"/> Mammography (until age 69; q1-2 yrs) <input type="checkbox"/> Hemoccult 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"/> Human papilloma virus vaccine (3 doses) (age 9-26) 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/>
- Scientific Advisory Board, Osteoporosis Society of Canada. Clinical practice guidelines for the diagnosis and management of osteoporosis. *CMAJ* 2002;167(10 suppl):S1-34.
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 - 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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