## **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)

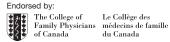
Italics = Fair evidence (from the Canadian Task Force on Preventive Health Care)

Plain text = Guidelines (from other Canadian sources)

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

(See reverse for references, insert for explanations)		Date:			
Current Concerns		Lifestyle/Habits			
		Diet: Fat/Cholesterol Fiber Calcium	Smoking:  Alcohol:  Drugs:		
		Sodium	Diags.		
		Exercise:	Sexual History:		
		Work/Education: Income Below Poverty Line:	Family Planning/ Contraception:		
		Yes No Family:	Sleep:		
		Relationships:			
		Update Cumulative Patient Profile			
		☐ Family History	Medications		
		☐ Hospitalizations/Surgeries	Allergies		
Fur	nctional Inquiry  Normal Remarks	Normal Remarks			
HEENT:		Sexual			
CVS:		Function:  MSK:			
Res	o: 🗌	Neuro:			
Brea	asts:	Derm:			
GI:		Mental Health: Depression screen positive negative			
GU/ Menses:		Constitutional SX:			
Education/ Counseling	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 /day)	Alcohol Yes No case finding for problem drinking counseling for problem drinking	Personal Safety     hearing protection     noise control programs     seat belts		
	regular, moderate physical activity avoid sun exposure, use protective clothing safe sex practices/STD counseling	Elderly Yes No cognitive assessment (if concerns)	Parents with children Yes No		
For general population unless otherwise stated	Obesity (BMI ≥30)	☐ fall assessment (if history of falls)  Oral Hygiene ☐ brushing/flossing teeth	prevention smoke detectors non-flammable sleepwear		
	Smoking Yes No	fluoride (toothpaste/	hot water thermostat settings (<54°C)		
	<ul> <li>☐ smoking cessation</li> <li>☐ nicotine replacement therapy/other drugs</li> <li>☐ dietary advice on fruits and green leafy vegetables</li> <li>☐ referral to validated smoking cessation program</li> </ul>	supplement) tooth scaling and prophylaxis smoking cessation			

**Disclaimer:** This form is a guide to the adult periodic health examination. Last updated December 2010. The recommendations are for average-risk adults.



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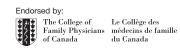
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Pnys	sicai Examinatio	n						
HR:	BP:	RR:	HT:	WT:	BMI:	Waist Circumference:	Ratio:	
						Hip Circumference:		
Eyes:		Snell	en sight card:	R L	Breasts:			
Nose:				L	Abdo:			
Ears:		whis	pered voice test:	R	Ano-Rectum:			
L Mouth/Throat:				L	Pelvic: Pap			
Neck/Thyroid:					Neuro:			
CVS:	·				Derm:			
					MSK/Joints:			
Resp:		04.04			Extremities:	Extremities:		
Age		21-64	l years			≥ 65 years		
Labs /Investigations	Mammography (50-69 yrs, q1-2)  Hemoccult multiphase q1-2 years (age ≥50)  OR Sigmoidoscopy OR Colonoscopy  Cervical Cytology q1-3 yrs (sexually active until age 69)  Gonorrhea/Chlamydia/Syphilis/HIV/HBV screen (high risk)  Fasting Lipid Profile (≥50 yr or postmenopausal or sooner if at risk)  Fasting Blood Glucose, at least q3 yrs (≥40 yr or sooner if at risk)  Bone Mineral Density if at risk (reassess risk in 1-3 yr if moderate risk, in 5 yr if low risk)				Mammography (50-69 yrs, q1-2)  Hemoccult Multiphase q1-2 years (age 65-74)  OR ☐ Sigmoidoscopy OR ☐ Colonoscopy  Audioscope (or inquire/whispered voice test)  Fasting Lipid Profile ☐ Fasting Blood Glucose, at least q3 yrs (more often if at risk) ☐ Bone Mineral Density (reassess risk in 1-3 yr if moderate risk, in 5 yr if low risk)			
Immunizations	☐ Tetanus vaccine ☐ Influenza vaccine ☐ Pneumococcal v ☐ Acellular pertuss ☐ Human papilloma ☐ Rubella vaccine ☐ Varicella vaccine	ne q1yr accine (high is vaccine avirus vaccin	Herpes zoster v risk) e (3 doses) (age Rubella Immun	ity	☐ Tetanus vaccine q10yr ☐ Influenza vaccine q1yr ☐ Pneumococcal vaccine ☐ Acellular pertussis vaccine ☐ Herpes zoster vaccine ☐ Varicella vaccine (2 doses) ☐ Varicella Immunity			
Asse	ssment and Pla	ns:						
Date:	l			Signature:				
Refere	References: See explanation sheet for references and recommendations.							



Name: