Preventive Care Checklist Form®

For average-risk, routine, female 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:

Lifestyle/Habits

Smoking:

Diet:
- Fat/Cholesterol
- Fiber
- Calcium
- Sodium

Exercise:

Sexual History:

Work/Education:

Family Planning/Contraception:

Poverty:

Family:

Relationships:

Update Cumulative Patient Profile

- Family History
- Medications
- Hospitalizations/Surgeries
- Allergies

Functional Inquiry

Normal  Remarks
HEENT:  □
CVS:  □
Resp:  □
Breasts:  □
GI:  □
GU/ Menses:  □

Sexual Function:

MSK:  □
Neuro:  □
Derm:  □
Mental Health:  □
Constitutional SX:  □

Overweight (BMI 25-29) or Obese (BMI 30-39)  □ Yes □ No

Education/Counselling
- 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

Behavioral
- folic acid (0.4-0.8 mg OD, for childbearing women)
- adverse nutritional habits
- adequate calcium intake (1000-1200 mg/day)
- adequate vitamin D (400-2000 IU/day)
- regular, moderate physical activity
- avoid sun exposure, use protective clothing
- safe sex practices/STI counselling

Alcohol
- Yes □ No □
- case finding for problem drinking
- counselling for problem drinking

Elderly
- Yes □ No □
- fall assessment (if history of falls)

Oral Hygiene
- Yes □ No □
- brushing/flossing teeth
- fluoride (toothpaste/supplement)
- tooth scaling and prophylaxis
- smoking cessation

Personal Safety
- Yes □ No □
- hearing protection
- noise control programs
- seat belts

Parents with children
- Yes □ No □
- poison control prevention
- smoke detectors
- non-flammable sleepwear
- hot water thermostat settings (<54°C)

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: THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
## Physical Examination

<table>
<thead>
<tr>
<th>BP:</th>
<th>Pap:</th>
<th>HT:</th>
<th>WT:</th>
<th>BMI:</th>
</tr>
</thead>
</table>

## Assessment and Plans

### Age

<table>
<thead>
<tr>
<th>≤ 64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography (50-74 yrs, q2-3 yrs)</td>
<td>Mammography (50-74 yrs, q2-3 yrs)</td>
</tr>
<tr>
<td>Hemoccult multiphase q2 yrs (≥50 yrs) FOBT or FIT</td>
<td>Hemoccult Multiphase q2 yrs (60 to 74 yrs) FOBT or FIT</td>
</tr>
<tr>
<td>OR Sigmoidoscopy q10 yrs</td>
<td>OR Sigmoidoscopy q10 yrs</td>
</tr>
<tr>
<td>Cervical Cytology q3 yrs (if ever sexually active and 25-69 yrs)</td>
<td>Cervical Cytology q3 yrs (if ever sexually active and up to 69 yrs)</td>
</tr>
<tr>
<td>Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk)</td>
<td>Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk)</td>
</tr>
<tr>
<td>Lipid Profile q1-5 yrs (&lt;40 yrs, postmenopausal or sooner if at risk)</td>
<td>Lipid Profile q1-5 yrs (≤75 yrs)</td>
</tr>
<tr>
<td>A1C or FPG if at risk</td>
<td>A1C or FPG if at risk</td>
</tr>
<tr>
<td>Bone Mineral Density if at risk</td>
<td>Bone Mineral Density</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
</tr>
</tbody>
</table>

### Immunizations

<table>
<thead>
<tr>
<th>Tetanus vaccine q10 yrs</th>
<th>Meningococcal vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza vaccine q1 yr</td>
<td>Recombinant herpes zoster</td>
</tr>
<tr>
<td>Acellular pertussis vaccine (≥50 yrs) (2 doses)</td>
<td>Vaccine (≥50 yrs) (2 doses)</td>
</tr>
<tr>
<td>Human papillomavirus vaccine (up to 45 yrs)</td>
<td>Vaccine (≥50 yrs) (2 doses)</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella vaccine</td>
<td>Vaccine (≥50 yrs) (2 doses)</td>
</tr>
<tr>
<td>Varicella vaccine (2 doses)</td>
<td>Vaccine (≥50 yrs) (2 doses)</td>
</tr>
</tbody>
</table>

### Labs/Investigations

<table>
<thead>
<tr>
<th>BP:</th>
<th>Pap:</th>
<th>HT:</th>
<th>WT:</th>
<th>BMI:</th>
</tr>
</thead>
</table>

**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:**

PH1806GB1596 Female