Preventive Care Checklist Form

For average-risk, routine, male health assessments

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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)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sex:</th>
</tr>
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<tbody>
<tr>
<td>DOB:</td>
<td>Age:</td>
</tr>
<tr>
<td>Health Card:</td>
<td>Tel:</td>
</tr>
<tr>
<td>Address:</td>
<td>Date:</td>
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## Lifestyle/Habits

<table>
<thead>
<tr>
<th>Diet:</th>
<th>Smoking:</th>
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<tbody>
<tr>
<td>Fat/Cholesterol</td>
<td></td>
</tr>
<tr>
<td>Fiber</td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td></td>
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<table>
<thead>
<tr>
<th>Exercise:</th>
<th>Sexual History:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Work/Education:</th>
<th>Family Planning/Contraception:</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Poverty:</th>
<th>Sleep:</th>
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<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>Family:</th>
<th>Relationships:</th>
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## Functional Inquiry

<table>
<thead>
<tr>
<th>Normal</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>HEENT:</td>
<td></td>
</tr>
<tr>
<td>CVS:</td>
<td></td>
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<tr>
<td>Resp:</td>
<td></td>
</tr>
<tr>
<td>GI:</td>
<td></td>
</tr>
<tr>
<td>GU:</td>
<td></td>
</tr>
</tbody>
</table>

| Sexual Function: | |
|------------------||

## Current Concerns

**Behavioural**

- adverse nutritional habits
- dietary advice on fat/cholesterol (30-69 yrs)
- 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

**Overweight (BMI 25-29) or Obese (BMI 30-39)**

- structured behavioural interventions for weight loss
- screen for mental illness if obese
- multidisciplinary approach

**Smoking**

- smoking cessation
- nicotine replacement therapy/other drugs
- dietary advice on fruits and green leafy vegetables
- referral to validated smoking cessation program

**Alcohol**

- Yes
- No

- case finding for problem drinking
- counselling for problem drinking

**Elderly**

- Yes
- No

- fall assessment (if history of falls)

**Oral Hygiene**

- brushing/flossing teeth
- fluoride (toothpaste/supplement)
- tooth scaling and prophylaxis
- smoking cessation

**Personal Safety**

- 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.
# Physical Examination

<table>
<thead>
<tr>
<th>BP:</th>
<th>HT:</th>
<th>WT:</th>
<th>BMI:</th>
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## Assessment and Plans

### Labs/Investigations

- **Age ≤ 64 years**
  - Hemoccult multiface q2 yrs (≥50 yrs) FOBT or FIT
  - OR Sigmoidoscopy q10 yrs
  - Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk)
  - Lipid Profile q1-5 yrs (≥40 yrs or sooner if at risk)
  - A1C or FPG if at risk
  - Bone Mineral Density if at risk
  - 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

- **Age ≥ 65 years**
  - Hemoccult Multiphase 2 yrs (60 to 74 yrs) FOBT or FIT
  - OR Sigmoidoscopy q10 yrs
  - Gonorrhea/Chlamydia/Syphilis/HIV/HBV/HCV screen (if at risk)
  - Audioscope (or inquire/whispered voice test)
  - Lipid Profile q1-5 yrs (≥75 yrs)
  - A1C or FPG if at risk
  - Bone Mineral Density
  - 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
  - AAA screen (ultrasound once 65 to 80 yrs)

### Immunizations

- Tetanus vaccine q10 yrs
- Influenza vaccine q1 yr
- Acellular pertussis vaccine
- Varicella vaccine (2 doses)
- Human papillomavirus vaccine (≥26 yrs of age or msm)
- Measles/Mumps/Rubella vaccine

- Tetanus vaccine q10 yrs
- Influenza vaccine q1 yr
- Pneumococcal vaccine
- Acellular pertussis vaccine
- Recombinant herpes zoster vaccine (2 doses)
- Varicella vaccine (2 doses)

## References

See explanation sheet for references and recommendations.

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**Endorsed by:**

PH1806GB1595 Male