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:

Current Concerns

Lifestyle/Habits

Diet:
Fat/Cholesterol
Fiber
Calcium
Sodium

Exercise:

Work/Education:

Income Below Poverty Line: ☐ Yes ☐ No

Family:

Relationships:

Smoking:

Alcohol:

Drugs:

Sexual History:

Family Planning/ Contraception:

Sleep:

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:	☐	*Depression screen* ☐ *positive* ☐ *negative*
Constitutional SX:	☐	

Education/ Counseling

For general population unless otherwise stated

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)
- ☐ *regular, moderate physical activity*
- ☐ *avoid sun exposure, use protective clothing*
- ☐ *safe sex practices/STD counseling*

Obesity (BMI ≥30) ☐ Yes ☐ No

- ☐ weight loss counselling if overweight
- ☐ screen for mental illness
- ☐ 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*

Alcohol ☐ Yes ☐ No

- ☐ *case finding for problem drinking*
- ☐ *counseling for problem drinking*

Elderly ☐ Yes ☐ No

- ☐ ***cognitive assessment*** (if concerns)
- ☐ **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 December 2010. The recommendations are for average-risk adults.

Endorsed by:
The College of Family Physicians of Canada
Le Collège des médecins de famille du Canada

PH1006GB156 Female

Name:

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Physical Examination

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

Eyes: *Snellen sight card:* *R* *L*

Nose:

Ears: *whispered voice test:* *R* *L*

Mouth/Throat:

Neck/Thyroid:

CVS:

Resp:

Breasts:

Abdo:

Ano-Rectum:

Pelvic: ☐ *Pap*

Neuro:

Derm:

MSK/Joints:

Extremities:

Age	21-64 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 q10yr** ☐ Meningococcal vaccine (high risk) ☐ **Influenza vaccine q1yr** ☐ Herpes zoster vaccine (age ≥60) ☐ Pneumococcal vaccine (high risk) ☐ Acellular pertussis vaccine ☐ Human papillomavirus vaccine (3 doses) (age 9-26) ☐ *Rubella vaccine* ☐ *Rubella Immunity* ☐ *Varicella vaccine (2 doses)* ☐ *Varicella Immunity*	☐ **Tetanus vaccine q10yr** ☐ **Influenza vaccine q1yr** ☐ Pneumococcal vaccine ☐ Acellular pertussis vaccine ☐ Herpes zoster vaccine ☐ *Varicella vaccine (2 doses)* ☐ *Varicella Immunity*

Assessment and Plans:

Date: **Signature:**

References: See explanation sheet for references and recommendations.

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