

Health Check Templates (CPX Forms)

Example #1: Practice Solutions

Preventive Care Checklist Form for adult females with a developmental disability (DD)

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Adapted with permission by the DD Primary Care Initiative 2011

Name: Pink Panther (last, first)
Address: 1 Fake St., Toronto, ON
Tel. No.:
DOB (dd/mm/yyyy): 01/01/2008
Health Card Number:
Date of Visit: 09/11/2015

Eligible with Developmental Services Ontario (DSO)?
Yes No Unsure
[Navigating the DSO](#)

Etiology of DD, if known:
Capacity to consent:
 Capable Guardian Substitute Decision Maker
 Power of Attorney Public Guardian & Trustee
Advance Care Planning Needs:

Current Concerns
Hearing up-to-date? Yes No
Vision up-to-date? Yes No
Dental up-to-date? Yes No
Comments:

Living Situation: DD Mental Health
 Family Group home Foster home Independent Shelter Other

Update Cumulative Patient Profile Medications:
 Family History Communication Allergies
 Hospitalizations/Procedures

Lifestyle/Habits
Diet: Fat/Cholesterol, Fibre, Calcium, Sodium
Smoking: Yes No
Alcohol: Yes No
Illicit Drugs:
Sexual History
Exercise/Obesity: Family Planning/Contraception:
Day Program/Work: Sleep:
Family: Relationships (recent changes?):

Functional Inquiry
HEENT: Normal Remarks
CVS:
Resp:
GI: Screen GERD, constipation, H.pylori
GU:
Sexuality Issues:
MSK/mobility:
Fall assessment (if indicated):
De m:
Neuro:

Cognitive Changes:
functional assessment (if indicated)
dementia screen (if indicated)

Behavioural Changes:
difficult or challenging behaviours
possible pain or distress
possible abuse or neglect or exploitation (screen annually)

Mental Health: Depression screen +ve -ve
Constitutional Symptoms:

Health Behaviours:
 folic acid (0.4-0.8 mg OD, for childbearing women)
 adverse nutritional habits
 dietary advice on fat/cholesterol (30-59 yrs)
 adequate calcium intake (1000-1600 mg/d)¹
 adequate vitamin D (400-1000 IUI, 600-1000 IUI > 50 yrs)
 regular, moderate physical activity
 weight loss counseling if overweight
 avoid sun exposure use protective clothing
 safe sex practices/STI counseling
Alcohol Yes No
 case finding for problem drinking
 counseling for problem drinking

Smoking Yes No
 smoking cessation
 nicotine replacement therapy
 dietary advice on fruits and leafy green vegetables
 referral to validated smoking cessation program

Personal Safety
 noise control programs
 hearing protection
 seat belts
 bicycle helmets
 propensity to ingest noxious substances (picot)

Oral Hygiene (q6mths)
 regular dental care
 brushing/flossing teeth
 fluoride (toothpaste/supplement)
 tooth scaling and prophylaxis
 smoking cessation

Income
ODSP? Yes No
Disability Tax Credit? Yes No
DD Passport Funds? Yes No
 Yes Wait list

Assessment Questions?
[DD: Financial Resources](#)

Please note:
Bold = Good evidence (Canadian Task Force on Preventive Health Care)
Italics = Fair evidence (Canadian Task Force on Preventive Health Care)
Plain text = Guidelines (other Canadian sources)
Highlighted = Differences with respect to DD
- refer to explanation sheet which follows.

Name: _____

Physical Examination
HR: _____ BP: _____ RR: _____ HT(cm): _____ WT(kg): _____ or Waist Circumference: _____ or Waist:Hip ratio _____
Eyes: _____ Snellen sight card: R: _____ L: _____ **Breasts:** _____
Nose: _____ Abdo: _____
Ears: _____ whispered voice test: R: _____ L: _____ **Ano-Rectum:** _____
Mouth/Throat/Teeth: _____ Pelvic: Pap _____
Neck/Thyroid: _____ **MSK/Joints/Scoliosis/Mobility aids:** _____
CVS: _____ **Extremities:** _____
Resp: _____ **Neuro:** _____
Derm: _____

Age 21 and Older

Lab/Investigations
 Mammography (50 until 69 yrs, q1-2yrs, consider if 40-49 yrs)
 Hemocult multiphase q1-2 yrs (age ≥50)
 OR Sigmoidoscopy OR Colonoscopy
 Cervical Cytology q1-3 yrs (sexually active until age 69)
 Gonorrhea/Chlamydia/Syphilis/HIV/HPV⁴ screen (high risk)
 Fasting Lipid Profile (≥ 50 yrs or postmenopausal or sooner if at risk)²
 Fasting Blood Glucose, at least q3 yrs ≥40 yrs or sooner if at risk³
 Bone Mineral Density if at risk 21-64 yrs¹; ≥ 65 yrs q 2-3 yrs if normal and q1-2 yrs if abnormal¹
 Audiology assessment if indicated by screening, & q5 yrs after age 45
 Thyroid (TSH/T4) q 1-5 yrs if elevated risk or behaviour change

Immunization
 Tetanus vaccine q10yrs
 Influenza vaccine q1yr
 Rubella vaccine Rubella Immunity
 Varicella vaccine (2 doses) Varicella Immunity
 Pneumococcal vaccine (high risk or ≥ 65 yrs)⁴
 Acellular pertussis vaccine⁴
 Hepatitis B (screen/consider immunization if high risk)
 Hepatitis A (screen/consider immunization if high risk)
 Human papilloma virus vaccine (3 doses) (age 9-26)⁴

Assessment and Plans:
[Today's Visit Form for patient](#) [DD Patient Health Booklets](#)

Date: 09/11/2015 Signature: _____

References

At one of our pilot sites, we have inserted the already-existing Preventive Care Checklist (developed by the Developmental Disabilities Primary Care Initiative) and modified it to include additional clinical tools and information, embedded into the form.

If your site uses Practice Solutions, we have made these resources freely available to you via the Community Portal. For information on how to access this, please see the Uploading EMR Resources section (page 27)