

# Health Check Templates (CPX Forms)

## Example #1: Practice Solutions

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

Original developed by: Dr. V. Dubey, Dr. R. Voth, Dr. K. Igar  
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: Alcohol: Illicit Drugs:  
Exercise/Obesity: Sexual History  
Day Program/Work: Family Planning/ Contraception:  
Family: Sleep:  
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:**  Normal  Remarks  
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)<sup>1</sup>  
 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 (picol)

**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

**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/HPV<sup>4</sup> screen (high risk)  
 Fasting Lipid Profile (≥ 50 yrs or postmenopausal or sooner if at risk)<sup>2</sup>  
 Fasting Blood Glucose, at least q3 yrs ≥40 yrs or sooner if at risk<sup>3</sup>  
 Bone Mineral Density if at risk 21-64 yrs<sup>1</sup>; ≥ 65 yrs q 2-3 yrs if normal and q1-2 yrs if abnormal<sup>1</sup>  
 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)<sup>4</sup>  
 Acellular pertussis vaccine<sup>4</sup>  
 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)<sup>4</sup>

**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)