

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

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 Explanations sheet.

Name: _____
(last, first)

Address: _____

Tel. No: _____

DOB (dd/mm/yyyy): _____

Health Card Number: _____

Date of Visit: _____

Etiology of DD, if known:

Capacity to consent:

- Capable Guardian Substitute Decision Maker
 Power of Attorney Public Guardian & Trustee

Advance Care Planning Needs:

Living Situation:

- Family Group home Foster home Independent
 Other: _____

Update Cumulative Patient Profile Medications

- Family History Communication
 Hospitalizations/Procedures Allergies

Current Concerns

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

	Normal	Remarks
HEENT:	<input type="checkbox"/>	
CVS:	<input type="checkbox"/>	
Resp:	<input type="checkbox"/>	
GI:	<input type="checkbox"/>	Screen: GERD, constipation, H.pylori
GU:	<input type="checkbox"/>	
Sexuality Issues:	<input type="checkbox"/>	
MSK/mobility:	<input type="checkbox"/>	
Fall assessment (if indicated):	<input type="checkbox"/>	
Derm:	<input type="checkbox"/>	
Neuro:	<input type="checkbox"/>	

	Normal	Remarks
Cognitive Changes:	<input type="checkbox"/>	
functional assessment (if indicated)		
dementia screen (if indicated)		
Behavioural Changes:	<input type="checkbox"/>	
difficult or challenging behaviours		
possible pain or distress		
possible abuse or neglect or exploitation (screen annually)	<input type="checkbox"/>	
Mental Health:	<input type="checkbox"/> Depression screen <input type="checkbox"/> +ve <input type="checkbox"/> -ve	
Constitutional Symptoms:	<input type="checkbox"/>	

EDUCATION / COUNSELING

Health Behaviours:

- folic acid (0.4-0.8 mg OD, for childbearing women)
 adverse nutritional habits
 dietary advice on fat/cholesterol (30-69 yrs)
 adequate calcium intake (1000-1500 mg/d)¹
 adequate vitamin D (400-1000 IU/d; 800-1000 IU/d > 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 (pica)

Oral Hygiene (q6mths)

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

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– refer to explanation sheet which follows.



Name: _____

Physical Examination

HR: BP: RR: HT(cm): WT(kg): BMI: _____ or Waist Circumference: _____ or Waist-hip ratio: _____
Hip Circumference: _____

Eyes: Snellen sight card: R

Breasts:

L Abdo:

Nose:

Ears: whispered voice test: R

Ano-Rectum:

L

Mouth/Throat/Teeth:

Pelvic: Pap

Neck/Thyroid:

MSK/Joints/Scoliosis/Mobility aids:

CVS:

Extremities:

Resp:

Neuro:

Derm:

Age 21 and Older

Lab/Investigations

Immunization

- 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** ⁵ 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 risk) ³
- Bone Mineral Density if at risk 21-64 yrs ¹; ≥ 65 yrs q 2-3 yrs if normal and q1-2 yrs if abnormal ¹
- Audiology assessment if indicated by screening, & q5 yrs after age 45**
- Thyroid (TSH/T4) q 1-5 yrs if elevated risk or behaviour change**

- 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 vaccine ⁴
- 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:

Date: _____

Signature: _____

References

DD references: Sullivan WF et al. Primary care of adults with developmental disabilities: Canadian consensus guidelines. Can Fam Physician 2011;57:541-53.

Unless otherwise stated, recommendations come from the Canadian Task Force on Preventive Health Care: The Canadian Guide to Clinical Preventive Health Care. Ottawa: Minister of Supply and Services Canada and www.canadiantaskforce.ca.

1. Scientific Advisory Board, Osteoporosis Society of Canada. 2010 Clinical practice guidelines for the diagnosis and management of osteoporosis in Canada: summary. CMAJ 2010;DOI:10.1503/cmaj.100771
2. Working Group on Hypercholesterolemia and Other Dyslipidemias. Recommendations for the management and treatment of dyslipidemia and the prevention of cardiovascular disease: 2006 update. Can J Cardiol 2006;22(11) 913-927.
3. Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Assn 2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes 2003;27 (Suppl 2).
4. National Advisory Committee on Immunization. Canadian Immunization Guide, 7th edition. Ottawa: Minister of Public Works and Government Services Canada; 2006.
5. Expert Working Group on Canadian Guidelines for STIs. Canadian Guidelines on Sexually Transmitted Infections, 2006 edition. Ottawa: Public Health Agency of Canada.