

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



Original developed by: Dr. V. Dubey, Dr. R. Mathew, Dr. K. Iglar.
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 Smoking:
Fibre Alcohol:
Calcium Illicit Drugs:
Sodium Sexual History:
Exercise/Obesity: Family Planning/ Contraception:
Day Program/Work:
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:
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:

- 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 counselling

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

EDUCATION / COUNSELING

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): _____ BMI: _____ or Waist Circumference: _____ or Waist-hip ratio: _____
Hip Circumference: _____

Eyes: _____ Snellen sight card: R

L Abdo:

Nose:

Ears: _____ whispered voice test: R
L

Ano-Rectum/Prostate:

Mouth/Throat/Teeth:

Genitalia:

Neck/Thyroid:

Derm:

CVS:

MSK/Joints/Scoliosis/Mobility aids:

Resp:

Extremities:

Neuro:

Age 21 and Older

Lab/Investigations

Immunization

- Hemoccult multiphase q 1-2 yrs** (age ≥ 50)
OR Sigmoidoscopy **OR** Colonoscopy
- Gonorrhea/Chlamydia/Syphilis/HIV/HPV⁵** screen (high risk)
- Fasting Lipid Profile (≥ 40 yrs or sooner if at risk)²
- Fasting Blood Glucose, at least q 3 yrs (≥ 40 yrs or sooner if at risk)³
- Bone Mineral Density if at risk 21-64 yrs¹; ≥ 65 yrs q 2-3 yrs if normal and q 1-2 yrs if abnormal¹
- Audiology assessment if indicated by screening, & q 5 yrs after age 45
- Thyroid (TSH/T4) q 1-5 yrs if elevated risk or behaviour change

- Tetanus vaccine q10yrs**
- Influenza vaccine q1yr**
- 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)**

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.