Health Canada / Santé Canada FIRST NATIONS AND INUIT HEALTH BRANCH ONTARIO REGION	**Wellman Preventive Care Checklist** For average-risk, routine, male health assessments ♂	**Update Cumulative Patient Profile** (in patient's chart) Allergies ☐ Family History ☐ Medications ☐ Hospitalization ☐ Surgery ☐ Chronic disease ☐	Addressograph Name:_____ DOB:_____ Band#:_____ File #::_____ Date:_____

Legend: √ ***Adequate, Acceptable*** **R:** ***Rebook for further discussion or refer*** **N:** ***see Nurses notes***
See: FNIHB Ontario Region Preventive Checklist Guideline

Current Concerns : _____

_____

Review of Systems/ Functional Inquiry

System	No problem identified	Remarks	System	No problem identified	Remarks
HEENT	☐		**MSK**	☐	
CVS	☐		**Neuro**	☐	
Respiratory	☐		**Integument**	☐	
Breasts	☐		**Mental Health/depression**	☐	
GI	☐		**General Health**	☐	
GU/Menses	☐		**Sleeping pattern**	☐	
Family Planning / Contraception	☐		**Relationship/ partner**	☐	
Sexual Function	☐		**History of abuse**	☐	
Family (children) concerns	☐		**Mobility issues**	☐	

Alcohol	**No** ☐	**Yes** ☐	Cage finding for problem drinking	Yes ☐	No ☐	Referral for Counselling	Yes☐	No ☐
Drugs	**No** ☐	**Yes** ☐	Detox program	Yes ☐	No ☐	Referral for Counselling	Yes☐	No ☐
Smoking	**No** ☐	**Yes** ☐	Nicotine replacement therapy	Yes ☐	No ☐	Referral for Counselling	Yes☐	No ☐

Recommendations/Discussions / Labs/Screening (within legislated scope of practice)

Dietary advice on fruits and green leafy vegetables options vs processed food ☐ *http://www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index-eng.php HC First Nations Food Guide*	**Colorectal Cancer screening Hemoccult multiphase (Occult blood stools)** **low risk** q 1-2 yrs (age 50-74) **Yes**☐ **No**☐ ☐ Done MD/NP referral for colonoscopy **Yes**☐ **No**☐
Adequate calcium intake (1000 to 1200 mg/d) Yes☐ No ☐ MD/NP referral	**Last optometrist visit** _____ Booked ☐
Adequate vitamin D: (*400 to 1000 IU) for adults under age 50 without osteoporosis or conditions affecting vit D absorption. Adults >50, supplements of between (800 -2000 IU)* Yes☐ No ☐ MD/NP referral Yes☐ No ☐	**Safe sex practices/STI counselling and screening for:** *Gonorrhea/Chlamydia/Syphilis/ HIV /Hep B(high risk) and Hep C (if IV drug user)* Yes☐ Booked ☐ Done ☐ MD/NP referral ☐
Bone Mineral Density > 65 or if at risk – N/A ☐ **Yes**☐ MD/NP referral ☐	**Lipid Profile** (> 50 yr or sooner if at risk) **Due** Yes☐ Booked ☐ Done ☐
Physical activity *Regular, moderate at least 3x /wk* ☐ **Avoid sun exposure**, *use protective clothing* ☐	**Screen with a FBG or A1C every 3 years ≥ 40 years of age** **Earlier and more frequent screening for those at very high risk.** **Due** Yes☐ Booked ☐
Oral Hygiene Brushing/flossing teeth /Denture Care ☐ Dentist referral ☐	**TB inquiry** ☐ screening if required (TST) administered ☐ **or CXR Booked** ☐

Name _____ **Date**_____ **Well man Preventive Care Checklist** ♂

Immunizations	N/A	Up to date	Given	Personal Safety Discussions/Recommendations
Refer to Immunization guidelines				**Cognitive deficits** Yes ☐ No ☐
* **Tdap** 1 dose				**Assessment done** Yes ☐ No ☐ **Referral** Yes ☐ No ☐
Td every 10 year				**Hearing protection – discussed** ☐ **History of falls** Yes ☐ No ☐
* **MMR** (see recommendations)				**Fall assessment done** Yes ☐ No ☐ **Gun safety – discussed** ☐ **Referral** Yes ☐ No ☐
* **PneU-P-23** >65 years and **see criteria**				**Wood stove (safety) – discussed** ☐ **Smoke detectors– discussed** ☐
* **Pneu-C-13** >50 years of age **if meets criteria**				**Seat belts – discussed** ☐ **Boat safety/safety vest – discussed** ☐
* **Men-C-ACYW**< 55 years **if meets criteria**				**Parents with children**
* **Men-P-ACYW** > 55 years **if meets criteria**				**Poison control medication (storage) – discussed** ☐
* **Hep B who meets high risk criteria**				**Car Seats – discussed** ☐
* **Influenza** q year seasonal				**Parental concerns/behavioural concerns Yes☐ No ☐ comment**_____
***Herpes zoster vaccine** (see recommendations)				**Booked child for appointment Yes☐ No ☐**

Physical Examination See: FNIHB Clinical Practice Guidelines (within legislated scope of practice)

*****For any problem identified use/refer to nurses notes*****

Ht		Wt		Waist circ	>102cm ☐ <102cm ☐	BMI		BP		RBG		HGB		Allergies:

If Necessary:

Temp		Pulse		Resp		O_2 Sat	

"X" Identifies Affected Joints

Eyes: concerns Yes ☐ No ☐ Concerns see nurses notes ☐

Snellen sight card: R L (☐ with glasses):

Nose: concerns Yes ☐ No ☐ Concerns see nurses notes ☐

Ears: concerns Yes ☐ No ☐

Whisper test: R L

Mouth/Throat: No concerns ☐ Concerns see nurses notes ☐

Neck/Thyroid: No concerns ☐ Concerns see nurses notes ☐

CVS: No concerns ☐ Concerns see nurses notes ☐

Resp: No concerns ☐ Concerns see nurses notes ☐

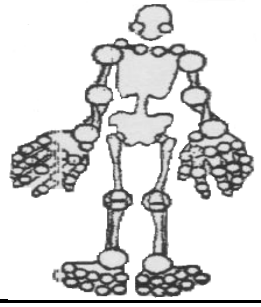
Abdo: concerns Yes ☐ No ☐ Concerns see nurses notes ☐

Ano-Rectum: concerns Yes ☐ No ☐ Concerns see nurses notes ☐

Neuro: concerns Yes ☐ No ☐ Concerns see nurses notes ☐

Integument: concerns Yes ☐ No ☐ Concerns see nurses notes ☐

Msk/Joints/Extremities: concerns Yes ☐ No ☐ Concerns see nurses notes ☐



Testicular Cancer-- History of an undescended testicle or a family or personal history of testicular cancer

No☐ Yes☐ referred MD/NP ☐

Prostate Cancer /Benign Prostatic Hypertrophy 50 - 70yrs

At risk/Signs &Symptoms **No☐ Yes☐** referred MD/NP ☐

Assessment and Plan:

Signature:_____ Date_____