Well Woman Preventive Care Checklist

Health Canada / Santé Canada FIRST NATIONS AND INUIT HEALTH BRANCH ONTARIO REGION	**Well Woman Preventive Care Checklist** For average-risk, routine female 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**

Review of Systems/ Functional Inquiry

Current Concerns : _____

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*	**Breast screening: 30 to 69:** Discuss risk of breast cancer, along with the benefits and risks of mammography. **MD/NP referral if needed Yes** ☐ **Low risk 50 to 74: Mammogram q 2 yrs OBSP Booked** ☐ _____
Folic acid- Low risk (0.4-1 mg) OD **Childbearing women** (dispense Vitamin) ☐ N/A ☐ **High risk 4-5 mg consult** MD/NP referral ☐	**Colorectal cancer (Occult blood stools screening)** (age 50-74) **Yes**☐ **No**☐ **or** MD/NP referral for colonoscopy **Yes**☐ **No**☐
Adequate calcium intake (1000 to 1200 mg/d) Yes☐ No ☐ MD/NP referral	**PAP** *Cervical Cytology* age 21 + (if are or have been sexually active) repeat q 3 years until 70 (see guidelines) **Due** Yes☐ No☐
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	**Safe sex practices/STI counselling and screening for:** *Gonorrhea/ Chlamydia/Syphilis/ HIV /Hep B(high risk) and Hep C (if IV drug user)* **see nurses notes** ☐ Done ☐ Booked ☐ 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 ☐
Peri/Menopausal Symptoms/Concerns N/A ☐ **Yes**☐ MD/NP referral ☐	**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 ☐ MD/NP referral ☐
Physical activity *Regular, moderate at least 3x /wk* ☐ **Avoid sun exposure**, *use protective clothing* ☐	**Last optometrist visit** _____ Booked ☐
Oral Hygiene Brushing/flossing teeth /Denture Care ☐ Dentist referral ☐	**TB inquiry** ☐ screening if required (TST) administered ☐ **or** **CXR Booked** ☐ MD/NP referral ☐

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Name _____ **Date**_____

Immunizations	N/A	Up to date	Given
Refer to Immunization guidelines			
* **Tdap** 1 dose			
Td every 10 year			
* **MMR** (see recommendations)			
* **PneU-P-23** >65 years and **see criteria**			
* **Pneu-C-13** >50 years of age **if meets criteria**			
* **Men-C-ACYW**< 55 years **if meets criteria**			
* **Men-P-ACYW** > 55 years **if meets criteria**			
* **Hep B who meets high risk criteria**			
Influenza q year seasonal			
***Herpes zoster vaccine** (see recommendations)			

Personal Safety Discussions/Recommendations

Cognitive deficits Yes ☐ No ☐
Assessment done Yes ☐ No ☐ **Referral** Yes ☐ No ☐
Hearing protection – discussed ☐ **History of falls** Yes ☐ No ☐
Fall assessment done Yes ☐ No ☐
Gun safety – discussed ☐ **Referral** Yes ☐ No ☐
Wood stove (safety) – discussed ☐ **Smoke detectors**– discussed ☐
Seat belts – discussed ☐ **Boat safety/safety vest** – discussed ☐

Parents with children

Poison control medication (storage) – discussed ☐
Car Seats – discussed ☐
Parental concerns/behavioural concerns Yes☐ No ☐
Booked child for appointment Yes☐ No ☐
Comment_____

Physical Examination See: FNIHB Clinical Practice Guidelines - Chapter 13

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

Ht		Wt		Waist circ	>88cm ☐ <88cm ☐	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
Concerns see nurses notes ☐

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

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

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

Ears: concerns Yes ☐ **No** ☐
Concerns see nurses notes ☐

Whisper test: R L
Concerns see nurses notes ☐

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

Mouth/Throat: Yes ☐ **No** ☐ **Concerns see nurses notes** ☐

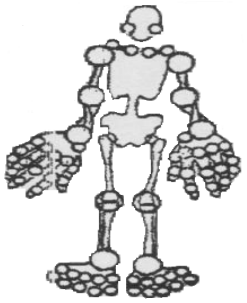
Neck/Thyroid: Yes ☐ **No** ☐ **Concerns see nurses notes** ☐

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

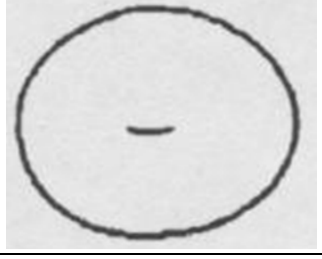
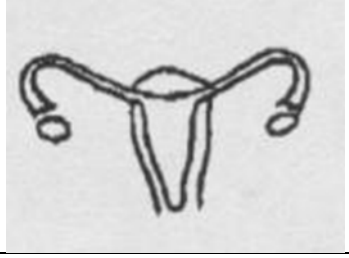
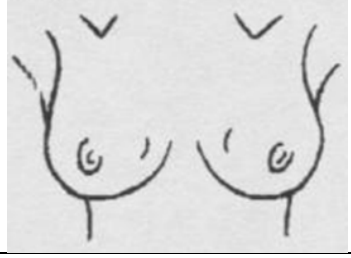
CVS: Yes ☐ **No** ☐ **Concerns see nurses notes** ☐

Resp: Yes ☐ **No** ☐ **Concerns see nurses notes** ☐

Msk/Joints/Extremities:
Concerns Yes ☐ **No** ☐



Gynecological exam

External genitalia	**Cervix**	**Uterus & adnexa**	**Breasts** Examine only if C/O in review of systems
No lesions ☐ **Abnormality :**	No lesions ☐ **Abnormality :**	No tenderness or masses ☐ **Abnormality :**	No masses/lump or tenderness ☐ No Skin, nipple or axillary changes ☐
			

Assessment and Plan:

CHN/NP Signature:_____ Date_____

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