

# Periodic Adult Health Maintenance Record For Women Aged 21 - 64

Created by: Dr. Stephen Milone and Dr. Stephanie Lopes Milone

Patient Addressograph

Date:

CURRENT PATIENT CONCERNS	CURRENT MEDICATIONS

REVIEW OF SYSTEMS	SOCIAL HISTORY	PAST MEDICAL HISTORY
<input type="checkbox"/> <i>Screen for gingivitis: Do your gums bleed while brushing?</i> <input type="checkbox"/> Assess for medical impairment for driving: <input type="checkbox"/> Decreased Vision <input type="checkbox"/> Decreased Hearing <input type="checkbox"/> Decreased Flexibility <input type="checkbox"/> Slow information processing ** consider driving assessment if +ve <input type="checkbox"/> <i>Assess for osteoporosis risk factors †</i> <input type="checkbox"/> <i>Screen for depression †</i> <input type="checkbox"/> <i>Screen for Suicide risk (I) †</i>  <input type="checkbox"/> General R.O.S. Completed  <u>ADDITIONAL COMMENTS</u>	<input type="checkbox"/> <b>Smoking: ____ pack-yr</b> <input type="checkbox"/> <b>Thinking of Quitting? Y / N</b> <input type="checkbox"/> <b>Alcohol Intake: (Max: ♀-9, ♂-14)</b> ____ drinks/week <input type="checkbox"/> <i>If &gt; Max, do CAGE : /4</i> <input type="checkbox"/> Exercise: _____ <input type="checkbox"/> Drug Use: Y / N <input type="checkbox"/> Assess for STD if high risk † <input type="checkbox"/> History of Domestic Violence? (I): Y / N <input type="checkbox"/> Current Employment: <input type="checkbox"/> Assess for noise exposure	<input type="checkbox"/> <b>Cardiac Risk Factors</b> <input type="checkbox"/> <i>Age: Post-menopausal</i> <input type="checkbox"/> <i>Hypertension</i> <input type="checkbox"/> <i>Hyperlipidemia</i> <input type="checkbox"/> <i>Diabetes Mellitus</i> <input type="checkbox"/> <i>Smoker</i> <input type="checkbox"/> <i>Prior Rubella immunization?</i> <input type="checkbox"/> <i>Prior exposure to chicken pox: Y / N</i> <input type="checkbox"/> New immigrant from: _____  <div style="text-align: right;">FAMILY HISTORY</div> <div style="text-align: right;">Cardiac</div> <div style="text-align: right;">Cancer</div> <div style="text-align: right;">Psychiatric</div> <div style="text-align: right;">Other</div>  <div style="text-align: right;">OTHER PAST MEDICAL HISTORY</div>

PHYSICAL EXAMINATION			
<b>Blood Pressure:</b>	<i>Height (m):</i>	<i>Weight (kg):</i>	<i>BMI (kg/m<sup>2</sup>):</i>
<input type="checkbox"/> Skin exam for moles: <input type="checkbox"/> <i>If high risk †</i> <input type="checkbox"/> General population (I) <input type="checkbox"/> Oral cavity exam annually for smokers, ex-smokers, and alcoholics  <u>ADDITIONAL COMMENTS</u>	<u>EVIDENCE-BASED</u> <input type="checkbox"/> <b>Clinical Breast Exam (Ages 50-69)</b> <input type="checkbox"/> <b>Gonorrhea swab if high risk †</b> <input type="checkbox"/> Chlamydia swab <input type="checkbox"/> <b>If high risk †</b> <input type="checkbox"/> General population <input type="checkbox"/> <b>PAP test †</b> <input type="checkbox"/> Pelvic exam for ovarian mass if at risk † <input type="checkbox"/> Examine for osteoporotic fractures †	<u>AS INDICATED BY HISTORY</u> <input type="checkbox"/> General Physical Exam Completed	

**Grade A – Bold**

*Grade B – Italic*

Grades C and I – Plain Text

References: Recommendations are from the Canadian Task Force (<http://www.cfpbc.org>) with the exception of the following recommendations which are from the United States Preventative Health Task Force (<http://www.ahrq.gov/clinic/uspstfix.htm>): Aspirin for prophylaxis against cardiovascular events, screening for hypertension, physical activity counseling, screening for obesity, as well as screening for cervical, prostate, and skin cancers. Last Updated April 2005.

## COUNSELING ISSUES

- Smokers:
  - o **Smoking cessation counseling**
  - o *Recommend eat green leafy vegetables †*
- Dental Advice:
  - o **Brushing and flossing of teeth**
  - o *Annual professional scaling and plaque removal*
- Sun exposure counseling (I)
- Safety Issues:
  - o *Drinking and driving*
  - o *Seatbelt use*
  - o *Bicycle helmet use*
  - o *Hearing protection if exposure to loud machinery*
- Lifestyle Issues:
  - o Dietary counseling:
    - *If CV risk factors*
    - *General population (I)*
  - o *Recommend regular physical activity (I) †*
  - o *Weight-bearing activity †*
  - o *Recommend weight reduction if BMI>30 (I)*
  - o *Advise against alcohol abuse if CAGE +ve †*
  - o *Education re: Gonorrhea prevention if at risk †*
  - o *Dietician referral if at risk †*

## INVESTIGATIONS AND TREATMENT

### INVESTIGATIONS

- Screening for Colon Cancer:
  - o **Fecal Occult Blood test q 1-2 years for adults >50**
  - o *or Flexible Sigmoidoscopy q 1-2 years for adults >50*
- Colonoscopy if high risk †*
- Mammogram q 1-2 years, Age 50-69**
- DEXA scan q 1-2 years if 1 Major or 2 Minor risk factors for osteoporosis †*
- TB Skin test if high risk †**
- HIV testing:**
  - o **If high risk †**
  - o *General population*
- Glucose Fasting
  - o *Age >40, q 3 years.*
  - o *if risk factors for Type-II Diabetes, q 1year †*
- Screen for nutritional deficiency if at risk †
  - o *Serum CBC, B<sub>12</sub>, Albumin, Iron*
- Fasting lipid profile, Age >50 †
  - o *If cardiac risk factors*
  - o *If no cardiac risk factors*

### IMMUNIZATIONS

- Pneumonia vaccination:**
  - o **If at risk †**
  - o *Age <55 and independent*
- Varicella vaccination if no history of chicken pox infection*
- Influenza vaccination prior to each winter flu season**
- Rubella vaccination if capable of becoming pregnant and no evidence of previous immunization*

### TREATMENT

- Treatment of Hypertension:**
  - o **If Diastolic BP > 90**
  - o *If Systolic BP > 140*
- Supplemental Vitamin D*
  - o *800 IU/day, Age >50*
- Folic Acid 0.4 mg/day for women capable of becoming pregnant**
- Dietary/Supplemental Calcium*
  - o *1000 mg/d, Age 19-50*
  - o *1500 mg/d, Age >50*
- Treatment of hyperlipidemia †*
- Aspirin to prevent cardiovascular events
  - o **If high risk for coronary heart disease**
  - o *If asymptomatic, average CV risk*

### AS INDICATED BY HISTORY AND PHYSICAL EXAM

### SMOKERS

- Nicotine replacement therapy**
- Referral smoking cessation program*

### SUMMARY OF PROPOSED TREATMENT, FOLLOW UP PLANS, OTHER COMMENTS

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Grade A – Bold**

*Grade B – Italic*

Grades C and I – Plain Text

References: Recommendations are from the Canadian Task Force (<http://www.ctfphc.org>) with the exception of the following recommendations which are from the United States Preventative Health Task Force (<http://www.ahrq.gov/clinic/uspstfix.htm>): Aspirin for prophylaxis against cardiovascular events, screening for hypertension, physical activity counseling, screening for obesity, as well as screening for cervical, prostate, and skin cancers. Last Updated April 2005.

# ADULT HEALTH MAINTENANCE SELECTED GUIDELINES

## REVIEW OF SYSTEMS AND SOCIAL HISTORY

- Depression screen** – all adults if there are integrated programs available (i.e. antidepressant medications and psychotherapeutic interventions) to patients and access to case management or mental health care. (B)
- Osteoporosis Risk Factors** – See ‘Investigation’ section below. (B)
- STD High risk** – Gay/bisexual men, prostitutes, IV drug users, other known STD infection, recent immigrant, blood transfusion between 1978-1985. (C)
- Suicide High risk** – High-risk groups include: those with a history of psychiatric illness, drug & alcohol abuse especially those living in isolation, those with chronic terminal illness, Native Canadians especially young males, family history of suicide, first generation immigrant women. (I)

## PHYSICAL EXAMINATION

- Chlamydia swab, at risk** – Age <25 and sexually active, new sexual partner within one year, >2 sexual partners within the past year, use of non-barrier contraception, cervical friability, inter-menstrual bleeding, any vaginal discharge. (A) (C recommendation for low risk female)
- Gonorrhea swab, high risk** – Age < 30 with 2+ sexual partners, age < 16 at first sexual encounter, prostitutes, known STD contact. (A)
- Osteoporotic Fractures** – Examine for postural kyphosis, examine for back pain, and assess for vertical height loss. (C)
- PAP Test** – For all sexually active women annually until 3 consecutive normal results then can extend to every 3 years unless has had a total hysterectomy or is >65 yrs. (A)
- Pelvic examination, high risk** – Known 1<sup>st</sup> degree relative with ovarian cancer. (C)
- Skin Cancer High risk** – 1<sup>st</sup> degree relative with malignant melanoma, fair-skinned, >50 moles, presence of atypical mole(s). (B)

## COUNSELING ISSUES

- Alcohol Abuse** – Use 5-minute counseling session: 1 - Give feedback of CAGE results. 2 - Link excess alcohol use to negative consequences. 3 - Advise to decrease alcohol consumption. (B)
- Dietician referral if high risk** – Elderly, lives alone, alcoholic, diabetic. (B)
- Gonorrhea Education** – Abstinence prevents transmission, condom use decreases transmission. (B)
- Physical activity** – 30 min. moderate activity most days of the week (ex. Walking, Golfing-no cart, slow biking, raking leaves, household cleaning). (I)
- Smokers and ex-smokers** – Advise average of 7 daily servings of green leafy vegetables and/or fruit to decrease risk of lung cancer by two-fold. (B)

## INVESTIGATIONS AND TREATMENT

- Colonoscopy** – Personal history of colonic polyps, family history of colon CA, Familial Adenomatous Polyposis, Hereditary Non-Polyposis Colorectal Cancer (HNPCC). (B)
- Diabetes Risk Factors** – 1<sup>st</sup> degree relative with DM, high risk ethnicity (Native, Hispanic, Asian, South Asian, African), History of IGT, vascular disease, History of GDM, History of macrosomic infant, hypertension, hyperlipidemia, overweight, abdominal obesity, polycystic ovarian syndrome, acanthosis nigricans, schizophrenia.
- HIV testing, at risk** – Gay and bisexual men, prostitutes, IV drug use, recent immigrants from endemic areas, any STD infection. (A) (C recommendation for general population)
- Hyperlipidemia, screening** – Guideline recommendation for fasting lipid profile every 5 years. Screening more frequently (every 1-2 years) if cardiac risk factors present (not evidence-based). Base screening on clinical decision. (Consensus recommendation, no grading available at present)
- Hyperlipidemia, treatment** – Recommend repeating fasting lipid profile in 1-8 weeks. Base dietary and pharmacotherapy on target lipid values as determined by level of risk. (B)
- Nutritional deficiencies, screening** – Alcoholic, elderly, institutionalized. (C)
- Osteoporosis Risk Factors** – **Major:** Age>65, fragility fracture <40 years old, vertebral compression fracture, propensity to fall, family history, osteopenia on x-ray, systemic steroid use >3 months, malabsorption syndrome, primary hyperparathyroidism, menopause <45 years old, hypogonadism. **Minor:** Weight <57 kg, chronic anticonvulsant use, smoker, rheumatoid arthritis, excessive EtOH, excessive caffeine, chronic heparin use, weight loss >10% at age 25, low dietary calcium, hyperthyroidism. (B)
- TB skin test** – Immigrants from endemic areas, Native Canadian, close TB contact, IV drug use, alcohol abuse, chronic medical condition. (A)

**Grade A – Bold**

**Grade B – *Italic***

**Grades C and I – Plain Text**

References: Recommendations are from the Canadian Task Force (<http://www.ctfphc.org>) with the exception of the following recommendations which are from the United States Preventative Health Task Force (<http://www.ahrq.gov/clinic/uspstfix.htm>): Aspirin for prophylaxis against cardiovascular events, screening for hypertension, physical activity counseling, screening for obesity, as well as screening for cervical, prostate, and skin cancers. Last Updated April 2005.