



Preventive Care Checklist Form • Females with Intellectual or Developmental Disabilities (IDD)

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*
- Italics* = Fair evidence*
- Plain text = Guidelines**
- Highlighted = Differences with respect to IDD

*(Canadian Task Force on Preventive Health Care and U.S. Preventive Services Task Force); ** (other Canadian and U.S. sources)

Last/First Name: _____

Address: _____

Phone: _____ DOB ____/____/____
dd mm yy

Medical Record Number: _____

Date of Visit: ____/____/____ Initial visit Follow-up
dd mm yyyy

Etiology of IDD, if known:

Capacity to consent:

- Capable Substitute Decision Maker
 - Conservator/Guardian Power of Attorney
- How was this decided: _____

Advance Care Planning Needs:

- Living Will Financial Power of Attorney
- Consent for ECT Code Status
- Durable Power of Attorney for Health Care

Living situation:

- Family Foster home
- Group home Independent
- Other: _____

Date of last menstrual period ____/____/____
dd mm yy

Regular duration of period _____

Age of menarche _____

Lifestyle/Habits

- Underweight Diet _____
- Overweight Tobacco use packs/day ____ date quit ____/____/____
- Exercise Sleep _____
- Alcohol Family _____
- Illicit Drugs Relationships (recent changes?) _____
- Sexual History Day Program/Work _____
- Contraception/Family Planning _____

Current Concerns

Review of Systems

	Normal	Remarks
Constitutional Symptoms:	<input type="checkbox"/>	_____
HEENT:	<input type="checkbox"/>	_____
CVS:	<input type="checkbox"/>	_____
Resp:	<input type="checkbox"/>	_____
GI:	<input type="checkbox"/>	_____
Screen: GERD	<input type="checkbox"/>	_____
Constipation	<input type="checkbox"/>	_____
Diarrhea	<input type="checkbox"/>	_____
H.pylori	<input type="checkbox"/>	_____
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"/>	_____

Review of Systems

	Normal	Remarks
Cognitive Changes:	<input type="checkbox"/>	_____
Functional assessment (if indicated)	<input type="checkbox"/>	_____
Dementia screen (if indicated)	<input type="checkbox"/>	_____
Behavioral Changes:	<input type="checkbox"/>	_____
Difficult or challenging behaviors	<input type="checkbox"/>	_____
Possible pain/distress	<input type="checkbox"/>	_____
Possible abuse or neglect or exploitation (screen annually)	<input type="checkbox"/>	_____
Mental Health	<input type="checkbox"/>	_____
Depression screen	<input type="checkbox"/>	positive <input type="checkbox"/> negative

Name: _____

EDUCATION / COUNSELING

Health Behaviors:

- Folic acid** (0.4-0.8 mg/d, for childbearing women)
- Adverse nutritional habits*
- Dietary advice on fat/cholesterol (30-69 yrs)*
- Dietary advice on fruits and leafy green vegetables
- 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*
- Aspirin for CVD (55-79 yrs) if benefits outweigh risks of hemorrhage

Alcohol Yes No

- Case finding for problem drinking*
- Counseling for problem drinking*

Tobacco use Yes No

- Cessation program
- Nicotine replacement therapy
- Referral to validated smoking cessation program*

Personal Safety

- Noise control programs Hearing protection
- Seat belts **Bicycle helmets**
- Propensity to ingest noxious substances (pica)**
- Propensity to elope/wander

Oral Hygiene (q6mths)

- Regular dental care**
- Brushing/flossing teeth**
- Fluoride (toothpaste/supplement)**
- Tooth scaling and prophylaxis*
- Smoking, tobacco cessation**

PHYSICAL EXAMINATION

HR: _____
BP: _____
RR: _____
HT: _____
WT: _____

BMI: _____ OR
Waist Circum. _____ Hip Circum. _____ OR
Waist-hip ratio _____
(If BMI is 30 kg/m² or higher, discuss lifestyle changes or refer for behavioral intervention)

	Normal	Remarks
Eyes:	<input type="checkbox"/>	_____
<i>Snellen sight card:</i>	R _____ L _____	
Ears:	<input type="checkbox"/>	_____
<i>Hearing Screening:</i>	R _____ L _____	
Nose:	<input type="checkbox"/>	_____
Mouth/Throat/Teeth:	<input type="checkbox"/>	_____

	Normal	Remarks
Neck/Thyroid:	<input type="checkbox"/>	_____
CVS:	<input type="checkbox"/>	_____
Resp:	<input type="checkbox"/>	_____
General:	<input type="checkbox"/>	_____
Derm:	<input type="checkbox"/>	_____
Breasts:	<input type="checkbox"/>	_____
Abdo:	<input type="checkbox"/>	_____
Ano-Rectum:	<input type="checkbox"/>	_____
Pelvic: <input type="checkbox"/> <i>Pap</i>	<input type="checkbox"/>	_____
MSK/Joints/Scoliosis/ Mobility aids:	<input type="checkbox"/>	_____
Extremities:	<input type="checkbox"/>	_____
Neuro:	<input type="checkbox"/>	_____

LAB/INVESTIGATIONS

- Mammography** (50 until 74 yrs, q1-2yrs; consider if 40-49 yrs)
- Hemoccult multiphase q1-2 yrs** (age \geq 50 up to 75 yrs) **OR**
 - Sigmoidoscopy q5 yrs with fecal occult blood test q3 yrs*
- OR** Colonoscopy q10 yrs
- Cervical Cytology q1-3 yrs (sexually active until age 65) or for ages 30-65 yrs, screen with cytology and HPV testings q5 yrs
- Gonorrhea/Chlamydia/Syphilis/HIV/HPV³** screen (high risk)
- Fasting Lipid Profile (\geq 45 yrs or postmenopausal, or sooner if at risk)²

- Fasting Blood Glucose, at least q3 yrs for adults with sustained blood pressure of 135/80
- Bone Mineral Density if at risk 21-64 yrs¹; \geq 65 yrs q 2-3 yrs if normal and q1-2 yrs if abnormal¹**
- Audiology assessment, if indicated by screening, & q 5 yrs after age 45**
- Thyroid (TSH/T 4) q 1-5 yrs, if elevated risk or behavior change**
- Individualized periodic assessments

IMMUNIZATION

Please see the current immunization schedule for adults at the Centers for Disease Control and Prevention website:

www.cdc.gov/vaccines/schedules/hcp/adult.html

Name: _____

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. Expert Working Group on Canadian Guidelines for STIs. *Canadian Guidelines on Sexually Transmitted Infections*, 2006 edition. Ottawa: Public Health Agency of Canada.