



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

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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)

## Etiology of IDD, if known:

## Capacity to consent:

☐ Capable ☐ Substitute Decision Maker

☐ Conservator/Guardian ☐ Power of Attorney

How was this decided: \_\_\_\_\_

## Living situation:

☐ Family ☐ Foster home

☐ Group home ☐ Independent

☐ Other: \_\_\_\_\_

Last/First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yy

Medical Record Number: \_\_\_\_\_

Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Initial visit ☐ Follow-up  
dd mm yyyy

## Advance Care Planning Needs:

☐ Living Will

☐ Financial Power of Attorney

☐ Consent for ECT

☐ Code Status

☐ Durable Power of Attorney for Health Care

## Lifestyle/Habits

☐ Underweight

☐ Overweight

☐ Exercise

☐ Alcohol

☐ Illicit Drugs

☐ Sexual History

☐ Diet \_\_\_\_\_

☐ Tobacco use packs/day \_\_\_\_ date quit \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Sleep \_\_\_\_\_

☐ Family \_\_\_\_\_

☐ Relationships (recent changes?) \_\_\_\_\_

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

Name: \_\_\_\_\_

### EDUCATION / COUNSELING

#### Health Behaviors:

- ☐ Adverse nutritional habits
- ☐ Dietary advice on fat/cholesterol (30-69 yrs)
- ☐ Dietary advice on fruits and leafy green vegetables
- ☐ Adequate calcium intake (1000-1200 mg/d)<sup>1</sup>
- ☐ Adequate vitamin D (600 IU/d; 800 IU/d > 70 yrs)
- ☐ Regular, moderate physical activity
- ☐ Weight loss counseling, if overweight
- ☐ Avoid sun exposure, use protective clothing
- ☐ Safe sex practices/STI counseling
- ☐ Aspirin for CVD, if benefit outweighs hemorrhage risk (45-79 yrs)

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: _____	BMI: _____ OR		Normal	Remarks
BP: _____	Waist Circum. _____ Hip Circum. _____ OR	Neck/Thyroid:	<input type="checkbox"/>	_____
RR: _____	Waist-hip ratio _____	CVS:	<input type="checkbox"/>	_____
HT: _____	(If BMI is 30 kg/m <sup>2</sup> or higher, discuss lifestyle changes or refer for behavioral intervention)	Resp:	<input type="checkbox"/>	_____
WT: _____		General:	<input type="checkbox"/>	_____
		Derm:	<input type="checkbox"/>	_____
		Abdo:	<input type="checkbox"/>	_____
		Ano-Rectum/Prostate:	<input type="checkbox"/>	_____
		Genitalia:	<input type="checkbox"/>	_____
		MSK/Joints/Scoliosis/ Mobility aids:	<input type="checkbox"/>	_____
		Extremities:	<input type="checkbox"/>	_____
		Neuro:	<input type="checkbox"/>	_____

  

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

### LAB/INVESTIGATIONS

- ☐ Hemoccult mult phase q 1-2 yrs (age ≥50 up to 75 yrs) OR  
☐ Sigmoidoscopy q 5 yrs with fecal occult blood test q 3 yrs  
OR ☐ Colonoscopy q 10 years
- ☐ Gonorrhea/Chlamydia/Syphilis/HPV<sup>3</sup> screen (high risk)
- ☐ HIV screen (age 15-65 yrs)
- ☐ Fasting Lipid Profile (≥ 35 yrs or sooner, if at risk)<sup>2</sup>
- ☐ Fasting Blood Glucose, at least q 3 yrs (for adults with sustained blood pressure of 135/80)
- ☐ Bone Mineral Density, if at risk 21-64 yrs<sup>1</sup>; ≥ 65 yrs q 2-3 yrs if normal and q 1-2 yrs if abnormal<sup>1</sup>
- ☐ Audiology assessment, if indicated by screening, & q 5 yrs after age 45
- ☐ Thyroid (TSH/T4) 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](http://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](http://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.