

Man 50-70 years old

Date : _____ Age : _____

History (Problems raised by the patient)

History – personal and family

Review summary sheet ☐

Medication – prescription and other

Review summary sheet ☐

Immunisation

Review summary sheet ☐

Varicella vaccine if non-immune (B-*), D2T5 q 10 years (*-*)

Zoster vaccine > 60 ans (*-*)

Habits

Modify habits	ST	CV	CF	Stage - Conviction - Confidence
Tabac	*-A			Yes <input type="checkbox"/> cig/day Quit <input type="checkbox"/> since : Never <input type="checkbox"/>
arrêts antérieurs :				
ROH	*-B			CAGE positive <input type="checkbox"/> negative <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Drugs	*-I			Yes <input type="checkbox"/> No <input type="checkbox"/>
Diet	*-I			Fibres, Lipids <input type="checkbox"/>
	-			Calcium, Vitamin D <input type="checkbox"/>
Physical Activity	*-I			Yes <input type="checkbox"/> No <input type="checkbox"/>

Social / work:

Systems Review

EENT

Respiratory

Cardiovascular

Digestive

Urinary

Neurological

MSK

Endocrinology

Dermatology

Psychiatric

Don't forget issues related to sexuality

Screening for depression (I-C or B-B if support program available) Positive ☐ Negative ☐

Captions : ✓ = Done Ø = N/A for my patient ☒ = Problem with this issue



Examination Man 50-70 years old

BP (*-A)	Pulse	Weight	Height	BMI (C-B) GenPop (B-B) if obesity-related disease	Waist circumference
/					

Head and neck :

- O Oral cavity (C-I)
- R Thyroid (D-C)
- L Carotids (*-D)
- O

Lungs:

Heart:

Abdomen :

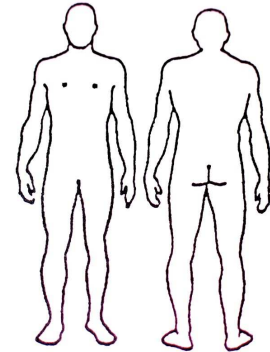
Genitals:

- Testicles (*-D) :
- Penis :
- Prostate TR (*-I) :

MSK :

Skin (*-I)

Neuro :



Impressions :

Counselling

Sexuality STD *-I ☐
*- B if at risk

Seat belt *-I ☐

Bicycle helmet (no bike ☐ *-C ☐

Avoiding UV exposure *-I ☐

Glaucoma screening by optometrist q 1-3 years C-I ☐
According to risk factors

Chimioprophylaxia

Aspirin *-A ☐

SHARED DECISION MAKING (see tables) YES ☐

Consider Acarbose B-* ☐
if BMI IMC >25 ☐ and gluc intol ☐

Investigations

Glycemia q 3 years B if HPB or hypercholesterolemia – ☐
(more frequent if risk factor) I but B if BP >135/80mmHg

Year _____ Result _____

Lipid profile *-A ☐
q 1-3 years

% risk _____ LDL : _____ Goal : _____
CT/HDL : _____ Goal : _____

Year _____

Blood in stools A-A ☐
(q 1-2 years)

PSA *-I ☐
Informed consent Interested ☐ Not interested ☐

Bone densitometry *-.* ☐
> 65 ans

Result : _____ Year : _____
Minimum interval 2 years
If OST : (poids kg – âge) X 0.2 = ≤ 3
(see PICO 2007) OST= _____

Screening AAA *-B 65-75 y.o. smoker or former ☐
smoker

Chlamydia B if multiple partners in last year - I ☐

HIV if at risk *-A ☐

Note : First value = CTFPHC. Second value = USPSTF. If no recommendation, or the recommendation is more than 15 years old then * indicated.
For recommendations from other groups, please refer to reference document.

Follow-up _____

Signature _____

Captions : ☒ = Done ☐ = N/A for my patient ☐ = Problem with this issue

