

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

## THE HEALTH & WELLNESS PRESCRIPTION™

At your visit, we worked together to identify a number of important actions you can take to help prevent cancer and chronic diseases. With this tool, we can take steps to support and improve your health and wellness!

Screening For:	Status/Results	Target	Re-Check	Actions & Referrals
<b>Heart Disease</b>	Enter measurement value or lab value		Time frame	Actions & Referrals
BMI	kg/m <sup>2</sup>	18.5 – 24.9 kg/m <sup>2</sup>		
WC	cm	Males < 102 cm Females < 88cm		
Blood pressure	/	DM or KD < 130/80 Other < 140/90		
Risk Assessment	%	Every 3-5 years*		
ACE/ARB Criteria**				
<b>Diabetes</b>	FBS/FBG mmol/L or HbA1c%		Time frame	Actions & Referrals
FBS/FBG/HbA1c		FBS/FBG < 6mmol/L HbA1c < 6.0%		
<b>Cancer Screening</b>	Month & year of last test		Time frame	Actions & Referrals
FOBT/FIT	/	Every 2 years*		
Sigmoidoscopy	/	Every 10 years*		
Colonoscopy	/	Every 10 years*		
Pap test	/	Every 3 years*		
HPV Test	/	Every 5 years*		
Mammogram	/	Every 2 years*		
Lung	/			
<b>Lifestyle and Other Concerns**</b>			Time frame	Actions & Referrals
Exercise		Aerobic ≥ 150 mins/week Resistive ≥ 2 days/week		
Diet		Fruits & vegetables (7- 10 servings/day); Low salt, limit fat & sugar		
Alcohol		Limit alcohol intake ≤ 6 drinks/week		
Commercial tobacco		Quit/Reduce		
Cannabis		Quit/Reduce		
Depressed mood				
Spiritual health				

1. Diabetes	Increased risk** <input type="checkbox"/>	Personal history <input type="checkbox"/>	4. Cervical cancer	Increased risk** <input type="checkbox"/>	Personal history <input type="checkbox"/>
2. Breast cancer	Increased risk** <input type="checkbox"/>	Personal history <input type="checkbox"/>	5. Prostate Cancer	Increased risk** <input type="checkbox"/>	Personal history <input type="checkbox"/>
3. Colorectal cancer	Increased risk** <input type="checkbox"/>	Personal history <input type="checkbox"/>	6. Osteoporosis	Increased risk** <input type="checkbox"/>	Personal history <input type="checkbox"/>

\*These are normal screening intervals. Review patient risk status to determine if they are at elevated risk.

\*\*Pre-populated information is based on patient self-report. Review patient information for accuracy and completeness.