

For more information



We recommend that you view this 3min
YouTube video "Do More Screening Tests
Lead to Better Health?" at:
https://youtu.be/IAuOAPak_cs

We offer services in 2 locations:

30 The Queensway (Ground floor)
Toronto, ON
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27 Roncesvalles Avenue, Suite 101
Toronto, ON
(416) 530.6947

Visit us on the web at:

www.stjoestoronto.ca/familyhealthteam

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*St. Joseph's Health Centre Toronto
Urban Family Health Team / Family Medicine Centre*



Preventive Care Visit (PCV)

Why I am no longer getting an Annual Physical?

It may surprise you to know that there is evidence that an annual physical examination is NOT effective in finding hidden disease in healthy people. At the St Joseph's Health Centre, Urban Family Health Team, we want to take a proactive, evidence-based approach to your health care. The Annual Physical Examination has been now replaced by the **Preventive Care Visit (PCV)**. What is included in the **PCV**, varies from person to person depending on age, gender, and risk factors, and IS evidence-based. What does this mean?

1. It means doing more procedures (i.e. blood pressure checks, immunizations), blood work and cancer screening that has evidence to improve patient outcomes, such as lower mortality or disease prevention.

2. It also means fewer procedures, blood work and investigations that do not improve patient outcomes.

What is included in a PCV?

Below are some of the procedures, tests and investigations that have evidence for improving your health:

-Immunizations: routine childhood vaccines, tetanus shots every 10 years; and with pertussis (whooping cough) once in their adult lifetime, pneumonia vaccines for patients >65 (or some high risk patients), Zostavax for shingles prevention in over 60 year olds, and flu shots as per the NACI guidelines (National Advisory Committee on Immunization).

-Cervical cancer screening: all people with a cervix who have ever been sexually active should have a PAP test every 3 years from age 21 to 69. People with compromised immune systems or with a history of abnormal PAP tests may need more frequent screening.

-Colon cancer screening: all patients 50 to 74 years old should do a fecal occult blood test (a stool sample you collect at home) every 2 years. Higher risk patients may need different screening tests such as colonoscopy, or earlier screening.

-Breast cancer screening: all women 50 to 74 years old should do mammogram testing every 2 years. Higher risk patients may benefit from different screening options.

-Sexually transmitted infection screening: all sexually active patients with new or multiple unprotected sexual partners should have testing with urine or swabs and blood tests.

-Blood pressure checks: all adults should have regular blood pressure checks (at least annually)

-Diabetes screening: all patients over 40, or high risk patients, should have screening blood tests every 3 years.

-High cholesterol screening: all men over 40, all women over 50 and high risk patients should have screening fasting cholesterol blood tests every 3 years.

-Bone density screening: all adults over 65 and some higher risk patients should have bone density testing every 1-5 years depending on risk level.

How often should I have a PCV?

We recommend every 3 years for adults under 50 and every 2 years for adults over 50.

Who is going to see me at the PCV?

At this appointment, the Preventive Care Nurse, Physician, Nurse Practitioner or Resident will address the above preventive health measures as they apply to you.

Can I address my preventative health care at other visits?

Absolutely! We want patients to take a proactive approach to their health. If you think you are due for a mammogram, tetanus shot, blood pressure check, etc. you can ask us at any visit.

Will I be examined?

Not necessarily. Our focus is on evidenced-based preventive care assessments, such as: blood pressure, weight and height. If you have specific health concerns or symptoms, they may be addressed at this visit, and you may be asked to rebook your PCV appointment.

Does this replace appointments with my primary care provider (physician, Nurse Practitioner or Resident)?

No. You should book a separate appointment with your primary provider for assessment of any acute or new health concerns and for chronic disease management (e.g. hypertension, diabetes or depression).