Today’s Date Date of Birth Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

Street Address City Zip County

Phone number Alternate number Best time to contact

Email address Employer

Social Security # (can be refused) Country of Birth

Education Level: Marital Status:

Race: (Check all that apply): \_\_White \_\_ Black/African American \_\_ Native American/Indian

Asian Native Hawaiian or Other Pacific Islander

Spanish or Latino: Yes\_\_\_ No\_\_\_ Unknown\_\_\_

Do you smoke? Yes\_\_\_ No \_\_\_\_

Household size: \_\_\_\_\_\_\_\_\_ Gross monthly household income: (***Note: cannot be zero or blank****)*

Emergency Contact Phone number Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this program?

**Do you have Health Insurance**: \_\_ Yes \_\_ No

**If no, did you try to enroll:** \_\_\_ Yes\_\_\_ No **What is Status: \_\_\_** Not eligible \_\_\_Cannot afford \_\_\_ Chose not to enroll

\_\_ Other: (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Doctor (GYN, PCP,) Site Code Phone number

**Colorectal Screening Assessment: Males between ages 50-75**

1. Have you completed a FIT/FOBT test past twelve months: Yes\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**\*** (mm/year) No \_\_\_

**\* Date of last Fit Kit must be beyond twelve months**

1. Have you had a Colonoscopy in the last 5 years: Yes\_\_\_ No \_\_\_

Unknown \_\_\_Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ (mm/year)

1. Have you ever had a biopsy for colorectal cancer: Yes\_\_\_ Polyps:\_\_\_\_ Results:\_\_\_\_\_\_\_\_\_\_\_\_\*\* \_\_\_No

**\*\* If benign polyps removed ok to give FIT Kit**

1. Have you ever been diagnosed with Colon Cancer, Crohn’s disease or Colitis: Yes\_\_\_ No \_\_\_
2. Has a parent, sibling or child been diagnosed with colon cancer or adenomatous polyps prior to age 60:

Yes\_\_\_ No \_\_\_\_

1. Do you have symptoms of significant bowel or colon problems such as bleeding, mass, or bowel changes

Yes\_\_\_ No \_\_\_

**If patient answers “Yes” to these questions (except #3, see \*\*), ineligible for take home FIT KIT at this time**

**Discuss other colorectal cancer screening options**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred for Services: (Indicate services this patient may be eligible for through CSP-FLR)**

\_\_\_Fit Kit distributed FIT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date issued to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refer for Colonoscopy: \_\_\_\_\_\_\_\_