

# Colon Screening Program: Colonoscopy Referral Form

## STEP 1 Complete Provider and Patient Information

PHN NUMBER _____	OTHER HEALTH NUMBER (E.G. RCMP, MILITARY) _____	ORDERING PHYSICIAN (ADDRESS, MSC PRACTITIONER #) _____ _____ _____
PATIENT LAST NAME _____	PATIENT FIRST NAME _____	
DOB Y Y Y Y M M D D _____	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
PATIENT ADDRESS _____	CITY/TOWN _____	COPY TO MSC # & NAME _____
PROVINCE _____	POSTAL CODE _____	
PATIENT TELEPHONE NUMBERS _____	REFERRAL DATE Y Y Y Y M M D D _____	PHYSICIAN SIGNATURE _____

## STEP 2 Confirm Eligibility and Select Indication for Colonoscopy

Patients are **excluded** from the Colon Screening Program (screening colonoscopy and fecal immunochemical test (FIT)) if they:

- Are up to date with colonoscopy screening or have had a normal FIT result in the past two years (average risk patients).
- Have a personal history of colorectal cancer, ulcerative colitis or Crohn's disease. These patients should continue to obtain care through their specialist or health care provider.
- Currently have symptoms, e.g. rectal bleeding, persistent change in bowel habits, abdominal pain, unintentional weight loss or iron deficiency anemia. These patients should be referred to a specialist, no FIT required.
- Are on a definite surveillance plan through a specialist.

### Screening Colonoscopy

Recommended for individuals, **ages 50-74 (inclusive)**, at higher than average risk for developing colorectal cancer, defined as

- One first degree relative with colorectal cancer diagnosed under the age of 60; or,
- Two or more first degree relatives with colorectal cancer diagnosed at any age; or,
- A personal history of adenoma(s) - attach previous colonoscopy and pathology

Age eligible patients (**50-74 inclusive**) who are **not** higher than average risk should be referred for the FIT using the Standard Outpatient Lab Requisition Form.

### Colonoscopy for Abnormal FIT

Abnormal FIT Result: 

DATE OF FIT RESULT	FIT RESULT	ng/ml

 Attach FIT lab report.

## STEP 3 Send Form to BC Cancer Agency to Facilitate Referral to the Health Authority

**Fax to: 1-604-297-9340**

or

**Mail to:**  
BC Cancer Agency  
Colon Screening Program  
801-686 W. Broadway  
Vancouver, BC V5Z1G1

Patient will be contacted by a patient coordinator in their Health Authority to arrange an assessment for colonoscopy.

Facsimile communications are intended only for the use of the addressee and may contain information that is privileged and confidential. Any dissemination, distribution or copying of this communication by unauthorized individuals is strictly prohibited. If you receive this communication in error, please notify the Colon Screening Program immediately by telephone at 1-877-702-6566.

Learn about the importance of colon screening.

Visit [www.screeningbc.ca/colon](http://www.screeningbc.ca/colon)