

FAX THIS PAGE TO COLON SCREENING PROGRAM: 1 (604) 297-9340

EXAM DATE: COLONOSCOPY (YYYYMMDD)	PHN	DATE OF BIRTH (YYYYMMDD)
FOLLOW UP DATE (YYYYMMDD)	AMENDED DATE (YYYYMMDD)	PATIENT NAME LAST
		PATIENT NAME FIRST
		SEX (F/M/X)
COLONOSCOPIST (MSC)	COLONOSCOPIST LAST, FIRST	PRIMARY PROVIDER (MSC)
		PRIMARY PROVIDER LAST, FIRST

**LOCUM FOR:**

COLONOSCOPIST (MSC)	COLONOSCOPIST LAST, FIRST
---------------------	---------------------------

For Partial Follow Up complete Section 2

**1. FAMILY HISTORY INFORMATION**

First degree relative with CRC:  No  Yes

<i>Relative</i>	<i>Age</i>	<i>Relative</i>	<i>Age</i>	<i>Relative</i>	<i>Age</i>	<input type="checkbox"/> > 3 FDR
-----------------	------------	-----------------	------------	-----------------	------------	----------------------------------

**2. UNPLANNED EVENTS**

**Did the patient require medical attention the day prior to procedure or up to 14 days after colonoscopy?**

Yes: Complete Unplanned Event Form       No       Unable to contact

1ST CONTACT DATE (YYYYMMDD)

**3a. RECALL RECOMMENDATIONS** (Select one option below)

The following are standard recall intervals in the program:

- Colonoscopy in 5 years                       FIT in 10 years
- Colonoscopy in 3 years                       FIT in 5 years (Post normal CTC only)
- Colonoscopy in 6 months

**If an alternate interval is being recommended, complete the following:**

- Colonoscopy in \_\_\_\_\_ months due to:
- Incomplete visualization                       Interval based on entire screening episode       Other: \_\_\_\_\_
- Inadequate bowel preparation                      (inclusive of all procedures)
- Cecum not intubated                                       > 10 polyps
- Other: \_\_\_\_\_

**3b. NO FURTHER PROGRAM SCREENING**

- Colorectal adenocarcinoma identified
- Ulcerative colitis or Crohn's disease
- Other: \_\_\_\_\_

**4. ADDITIONAL PROCEDURE REQUIRED**

- Patient required CTC to complete visualization of the colon
- Patient required surgery to complete polyp removal

\_\_\_\_\_  
PATIENT COORDINATOR

\_\_\_\_\_  
PATIENT COORDINATOR SIGNATURE

20410

