

# Community Colon & Rectal Cancer Screening Form for Men and Women 50-74

FOBT#: \_\_\_\_\_

July 2011



1. **ALL QUESTIONS MUST BE ANSWERED.** Please print clearly.
2. Read and sign.
3. Return the **COMPLETED** form to East Central District Health Department or the email provided on the webpage.

<b>Frist Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Birthdate:</b>		<b>Gender:</b>	<b>Address:</b>	
<b>City:</b>		<b>County:</b>	<b>State:</b>	
<b>Zip:</b>	<b>Day phone:</b>		<b>Evening Phone:</b>	
<b>What race or ethnicity are you?</b> <input type="checkbox"/> American Indian/Alaska Native Tribe: <input type="checkbox"/> Black/African American <input type="checkbox"/> Mexican American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown			<b>Are you Hispanic/Latino Origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Country of Origin: _____	
<b>How did you hear about this colon cancer screening program?</b> <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/relative <input type="checkbox"/> Your doctor <input type="checkbox"/> Your place of work <input type="checkbox"/> Internet <input type="checkbox"/> In-store display <input type="checkbox"/> Church <input type="checkbox"/> Other: _____			<b>What is your primary language?</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	
<b>Do you have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Your health plan will not be billed for this test, not will they be notified of your individual test results.)			<b>Have you ever been screened for colorectal cancer?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, within last year <input type="checkbox"/> Yes, more than a year ago <input type="checkbox"/> I don't know	
<b>Who is your primary care doctor? Name of doctors:</b> _____ <b>Name of Clinic:</b> _____ <b>City:</b> _____				

**Disclosure Statement** – This test is used only to detect hidden blood in the stool, which can be a sign of several conditions including hemorrhoids, colon polyps, cancer, diverticulitis, ulcers, certain medication and failure to follow dietary instructions. A positive test result means you should contact your family doctor for a follow-up examination. A negative test result does not mean you do not have cancer. A negative result means you should be screened annually. You should discuss the American Cancer Society’s recommendations for colorectal screenings with your doctor to best determine how often you should be examined.

**Authorized to Release Information** – I hereby authorize the release of my stool test results; the information contained on my registration form and recommended related tests to the testing facility and my doctor. The American Cancer Society is participating in the community awareness campaign for statistical and educational purposes only. This information, as well as patient and physician identity, will be kept strictly confidential and used only for statistical purposes by ECDHD, and the Nebraska Colon Cancer Screening Program. The recipient of this patient information is prohibited from disclosing the information to any other party and is required to destroy the information after the need has been fulfilled.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_