

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. Give the **COMPLETED** form to the pharmacist and mail the completed test kit in the return envelope provided.

First Name	Middle Initial	Last Name	Maiden Name	Social Security #
Birthdate / /	Gender M / F	Address		
City		County	State	Zip
Day Phone ()		Evening Phone ()		
<i>In case we can't reach you:</i> Contact person: _____ Relationship: _____ Phone: () _____ Address: _____ City: _____ State: _____ Zip: _____		How did you hear about this colon cancer screening program? <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 _____		
What race or ethnicity are you? <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		Are you of Hispanic/Latina origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Country of origin _____		
What is your household income before taxes? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly Income: \$ _____ <input type="checkbox"/> Yearly <i>Please Note: Self employed are to use net income after taxes.</i>		Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: Your health plan will not be billed for this test, nor will they be notified of your individual test results.)</i>		
How many people live on this income?		Have you ever been screened for colorectal cancer? <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		
Who is your primary care doctor? Name of doctor: _____ Name of clinic: _____ City: _____				

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 that 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.

Authorization 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 _____ (insert Coalition name here), 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: ____/____/____