

### FIT Results and Follow-up

Patient Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)

Date of Birth: ____/____/____ Month/Day/Year	____/____/____ Social Security Number	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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- 1) Funds for test from:  KCCSP  Coal Severance  Local Tax  Other
- 2) Date Results Retrieved: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3) Date PCP notified of results: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Patient Notified of results?  Yes  Lost to Follow-up
- 5) Date Patient notified of results: \_\_\_\_/\_\_\_\_/\_\_\_\_  NA
- 6) How notified of results:  Regular Mail  Certified Mail  Telephone  In person  NA
- 7) Recommended test for **next cycle**:  FIT  Colonoscopy  Other \_\_\_\_\_  NA
- 8) # of months till next screening cycle? \_\_\_\_\_

