



## COLON HISTORY & SCREENING FORM

Please Print

BCCHP ID#

Authorization #

<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>	<b>Date:</b>
<b>Date of Birth</b>		<b>Clinic/Screening Site:</b>		<b>Provider:</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Appt Date:</b>	<b>Time:</b>	<b>Clinic Chart #:</b>	
<b>Health Insurance:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: If "Yes", company:		<b>Policy/ID #:</b>		<b>Deductible Amount: :\$</b>	

### MEDICAL HISTORY – determining eligibility

If "Yes" to any of the 3 questions below, ineligible for program. Refer client for services outside of BCCHP

**Symptomatic for any of the following?** ☐ No ☐ Yes

☐ Change in bowel habits ☐ Blood in or on the stool ☐ Severe nausea &/or vomiting

☐ Persistent lower abdominal pain ☐ Unexplained weight loss ☐ Other::

**Personal history of :** ☐ Ulcerative colitis ☐ Crohn's colitis ☐ No

**Genetic or clinical diagnosis of a hereditary colon cancer syndrome (FAP, Lynch syndrome or HPNCC)?** ☐ No ☐ Yes

### MEDICAL HISTORY - determining appropriate test

May be eligible for Colonoscopy with prior authorization. See Colon Care Algorithm.

**Personal history colorectal cancer?** ☐ No ☐ Yes Year diagnosed:

**Personal history polyp(s)?** ☐ No ☐ Yes; polyp type: ☐ Unknown ☐ Benign ☐ Adenoma; # polyps: Largest polyp (mm)

**Family history of colorectal cancer or pre-cancerous polyps in a First-degree relative (parent, sibling or child)?** ☐ No ☐ Yes ☐ Unknown

If "Yes" Which relative(s)? ☐ Parent, Age ☐ Sibling, Age ☐ Child, Age

\*One First-degree relative (parent, sibling or child) diagnosed before the age of 60? Yes -> Refer for colonoscopy

One First-degree relative diagnosed at age 60 or greater? Yes -> Refer for FIT/FOBT

Two or more First-degree relatives (parent, sibling or child) diagnosed with colon cancer at any age? Yes -> Refer for colonoscopy

### SCREENING HISTORY - determining appropriate test

<input type="checkbox"/> FOBT/FIT Date:	<input type="checkbox"/> Sigmoidoscopy - Date:	<input type="checkbox"/> Colonoscopy - Date:
<b>Test Result</b> <input type="checkbox"/> Normal <input type="checkbox"/> Positive	<b>Test result:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Polyp, tumor, or cancer (Obtain report to determine surveillance schedule) <input type="checkbox"/> Incomplete <input type="checkbox"/> Unknown	

### SCREENING RECOMMENDATION & RESULTS

☐ FOBT ☐ FIT ☐ FOBT/FIT Refused Date given: Date returned: ☐ Test not returned

☐ Colonoscopy → Refer to BCCHP to schedule Colonoscopy ☐ Colonoscopy Refused

☐ Not Indicated

**FOBT/FIT Results:** ☐ Negative → Annual FOBT/FIT screening ☐ Positive → Refer to BCCHP to schedule Colonoscopy ☐ Colonoscopy Refused

☐ Incomplete/inadequate → Repeat

<b>Indication for Test:</b> <input type="checkbox"/> Screening <input type="checkbox"/> Surveillance	<b>Recommendations for Follow-Up:</b> <input type="checkbox"/> Next screening in months <input type="checkbox"/> Follow-up with client about unreturned cards	<b>Client Counseling/Education:</b> <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Risk factors for colorectal cancer <input type="checkbox"/> Importance of screening exams
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**PROVIDER COMMENTS:**

### REIMBURSEMENT REQUEST FOR SERVICES

<b>Preventive Office Services:</b> <input type="checkbox"/> 99386-new client (40-64 years old) <input type="checkbox"/> 99387-new client (65+ years old) <input type="checkbox"/> 99396-established client (40-64 years old) <input type="checkbox"/> 99397-established client (65+ years old)	<b>Office Services:</b> <input type="checkbox"/> 99201-new client, problem-focused, straightforward (10 minutes) <input type="checkbox"/> 99202-new client, expanded-focused, straightforward (20 minutes) <input type="checkbox"/> 99203-new client, detailed, low complexity, straightforward (30 minutes) <input type="checkbox"/> 99211-established client, problem-focused, straightforward (5 minutes) <input type="checkbox"/> 99212-established client, expanded-focused, straightforward (10 minutes) <input type="checkbox"/> 99213-established patient-expanded focused, low complexity (15 minutes) <input type="checkbox"/> 99214-established patient-detailed, moderate complexity (25 min)	<b>Laboratory:</b> <input type="checkbox"/> 82270-gFOBT <input type="checkbox"/> 82274-iFOBT/FIT
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<b>DIAGNOSTIC PROVIDER SIGNATURE</b>	<b>Print Name</b>	<b>Telephone Number</b>	<b>Date</b>
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PLEASE FAX FORM TO BCCHP PRIME CONTRACTOR AT: 206-296-0208

For persons with disabilities, this document is available on request in other formats.

To submit a request, call 1-800-525-0127 (TDD/TTY call 711).