



DOH 342-013 Jan 2018

## Colon Diagnostic Form

Please Print Clearly ☐ FEMALE ☐ MALE

BCCHP#:

Authorization#:

CLIENT NAME (Last, First, Mi)		DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY NUMBER		CHART#	
PROCEDURE SITE		AGE	PROVIDER NAME		CLIENT CONTACT NUMBER		
Consult Date:		Procedure Date:					
<b>Adequate bowel prep</b> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		<b>Cecum reached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable		<b>Biopsy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated		<b>Polypectomy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated	
<b>Specimens sent to pathology #</b>							
<b>Complications:</b>		<input type="checkbox"/> No complications reported					
<input type="checkbox"/> Bleeding not requiring transfusion		<input type="checkbox"/> Bowel perforation				<input type="checkbox"/> Other	
<input type="checkbox"/> Bleeding requiring transfusion		<input type="checkbox"/> Post-polypectomy syndrome/excessive abdominal pain				<input type="checkbox"/> Unknown	
<input type="checkbox"/> Complications related to anesthesia		<input type="checkbox"/> Cardiopulmonary events (hypotension, hypoxia, arrhythmia, etc)				<input type="checkbox"/> Death	
<b>Results</b> <input type="checkbox"/> Normal: Negative, diverticulosis, hemorrhoids <input type="checkbox"/> Polyp(s) not suggestive of cancer <input type="checkbox"/> Polyp(s) suspicious for cancer/presumed cancer <input type="checkbox"/> Other finding not suggestive of cancer or polyp(s) <input type="checkbox"/> No findings/inconclusive				<b>Follow-up testing needed to achieve final diagnosis</b> <input type="checkbox"/> None = diagnosis is complete <input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> DCBE <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Surgery			
<b>Size of the largest adenomatous polyp/lesion</b> <input type="checkbox"/> < 1 cm <input type="checkbox"/> ≥ 1 cm <input type="checkbox"/> unknown		<b>Total # adenomatous polyps / lesions</b> # <input type="checkbox"/> exact # unknown					
<b>Histology</b> of most severe polyp/lesion: (check one) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Normal or other non-polyp histology  <input type="checkbox"/> Non-adenomatous polyp (e.g., inflammatory, hamartomatous)  <input type="checkbox"/> Hyperplastic polyp  <input type="checkbox"/> Adenoma, NOS (no high-grade dysplasia noted)  <input type="checkbox"/> Adenoma, tubular (no high-grade dysplasia noted)  <input type="checkbox"/> Adenoma, mixed tubular villous (no high-grade dysplasia noted)         </div> <div style="width: 50%;"> <input type="checkbox"/> Adenoma, villous (no high-grade dysplasia)  <input type="checkbox"/> Adenoma, serrated (no high-grade dysplasia)  <input type="checkbox"/> Adenoma with high-grade dysplasia (includes in-situ carcinoma)  <input type="checkbox"/> Adenocarcinoma, invasive  <input type="checkbox"/> Carcinoma, other  <input type="checkbox"/> Unknown / other lesions ablated, not retrieved or confirmed         </div> </div>							
<b>Recommended Future Screening</b> <input type="checkbox"/> DCBE <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Sigmoidoscopy		<b>Indication for Future Screening</b> <input type="checkbox"/> Screening <input type="checkbox"/> Surveillance		<b>Future Screening/Surveillance Timing</b> # months			
<b>Provider Comments</b>  <input type="checkbox"/> Did not complete procedure. Why? <input type="checkbox"/> **Lost to Follow-up, did not complete procedure, date Why lost? <input type="checkbox"/> **Refused, date Why refused? <b>** Provide documentation to BCCHP Prime Contractor of attempts to contact client</b>							
DIAGNOSTIC PROVIDER SIGNATURE		Print Name		Telephone Number		Date	

Please FAX form to BCCHP: 206-296-0208