## **RN Positive FOBT/FIT Checklist**

For every patient with a positive FOBT/FIT, please complete this form and fax back to the project manager at Thank you!	
Patient Study	ID:
-	
Please check and complete <u>one</u> box below:	
	Patient already completed a colonoscopy (CS) or flexible sigmoidoscopy (FS) on
	Patient agrees to colonoscopy and appointment is made for
	Physician documents colonoscopy is not needed  Check one:  Physician documents patient is too frail or ill or has limited life expectancy  Physician orders another FOBT/FIT  Requires discussion with Project Manager:  Study care team decides reason, documentation is acceptable/not acceptable
	Patient has left the health plan  Check one:  ☐ Another provider documented that patient needs to have a colonoscopy, patient understands, and plans to do this at new health plan  ☐ I documented that patient needs to have a colonoscopy, patient understands, and plans to do this at new health plan  ☐ Patient has no health care insurance and has received assistance in getting testing done.  Requires discussion with Project Manager:  ☐ Care team decides care and documentation is acceptable/not acceptable
	Patient refuses follow-up and refusal is documented in medical record  Check one:  Another provider documented refusal in medical record  I documented refusal in medical record
	Patient is deceased
	Patient unable to be contacted so registered letter sent  Check one:  □ Letter was received and signed and the patient did not call me, a copy of the registered letter and signed receipt was sent to the medical record  □ Letter was not deliverable and a copy of the registered letter with the not deliverable receipt was sent to the medical record