

Request for ColonCheck History

Complete the Patient Information and Requestor Information sections and fax to **204-774-0341**.
ColonCheck will return the history report to you via fax.

PATIENT INFORMATION

CRCSP #: _____

First name: _____

Last name: _____

Date of birth: _____

PHIN: _____

REQUESTOR INFORMATION

Primary Care Provider Name: _____

Clinic name: _____

Date of request: _____

Telephone: _____

Fax: _____

COLONCHECK HISTORY (FOR OFFICE USE ONLY)

Date of last ColonCheck FOBT: _____

Test result: positive negative indeterminate

Date ColonCheck will recall client for FOBT screening:* _____

* The recall date may change if there are changes to relevant medical history.

Other/Notes: