BC CANCER COLON SCREENING
Provincial Health Services Authority

Colon Screening Program: Colonoscopy Referral Form

STEP 1 Complete Provider and Patient Information

PHN NUMBER	OTHER HEALTH NUMBER (E.G. REFUGEE, MILITARY)	ORDERING PROVIDER (ADDRESS, MSC PRACTITIONER #)
PATIENT LAST NAME	PATIENT FIRST NAME	
DATE OF BIRTH (YYYYMMDD)	SEX ☐ Male ☐ Female	
PATIENT ADDRESS	CITY/TOWN PROVINCE	COPY TO MSC # & NAME
PATIENT TELEPHONE NUMBER (CELL NUMBER PREFERRED)	POSTAL CODE	
LANGUAGE PREFERRED	REFERRAL DATE (YYYYMMDD)	PROVIDER SIGNATURE

STEP 2 Confirm Eligibility and Select Indication for Colonoscopy

Patients are **excluded** from the Colon Screening Program (screening colonoscopy and fecal immunochemical test [FIT]) if they:

- Are up to date with colon screening or have had a normal FIT result in the past two years (average risk individuals).
- Have a personal history of colorectal cancer, ulcerative colitis or Crohn's disease. These individuals should continue to obtain care through their specialist or health care provider.
- Currently have symptoms, e.g. rectal bleeding, persistent change in bowel habits, abdominal pain, unintentional weight loss or iron deficiency anemia. These patients should be referred to a specialist, no FIT required.
- Are on a definite surveillance plan through a specialist.

Screening Colonoscopy (for individuals ages 50-74) - Select at least one:

Recommended for individuals, **ages 50-74 (inclusive)**, at higher than average risk:

☐ One first degree relative with colorectal cancer diagnosed under the age of 60; or,

☐ Two or more first degree relatives with colorectal cancer diagnosed at any age; or,

☐ A personal history of adenoma(s)

Age eligible patients (**50-74 inclusive**) who are **not** higher than average risk should be referred for the FIT using the Standard Outpatient Lab Requisition Form.

Colonoscopy for Abnormal FIT (for individuals ages 50-74)

☐ Abnormal FIT Result date: (YYYYMMDD)

For Colonoscopists Only (Complete Colonoscopy Reporting Form [CRF] at time of colonoscopy):

☐ Register patient into Colon Screening Program. Patient booked/had colonoscopy (no pre-colonoscopy assessment required).
Unit where colonoscopy will be/was performed: Date: (YYYYMMDD)

Select at least one indication:

☐ Abnormal FIT ☐ Personal Hx of Adenomas ☐ FHx (1st Degree relatives < 60 y.o.) ☐ FHx (2+ 1st Degree relatives)

STEP 3 Send Form to BC Cancer Colon Screening

Fax to: 1-604-297-9340

Patients will be contacted by their Health Authority to arrange an assessment for colonoscopy when required.

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