

COLONCHECK, CANCERCARE MANITOBA HISTORY & KIT REQUEST FORM

Colorectal Cancer Screening Guideline

Average risk persons 50-74 years of age should complete an FOBT every 2 years.

REFERRING HEALTHCARE PROVIDER

HEALTHCARE PROVIDER NAME	DATE	
CLINIC NAME	CLINIC PHONE#	CLINIC FAX#
CLINIC ADDRESS	TOWN/CITY	POSTAL CODE

PATIENT INFORMATION

FIRST NAME	LAST NAME	
HOME ADDRESS	TOWN/CITY	POSTAL CODE
DATE OF BIRTH	MHSC	PHIN
HOME PH#	CELL PH#	

If eligible, would you like an FOBT kit mailed to your patient? Yes* No

*Please note that an FOBT kit will not be mailed if one has been sent within the last 3 months.

PATIENT'S COLORECTAL CANCER SCREENING HISTORY

OFFICE USE ONLY

No record of participation

Up to date FOBT within past 2 years Date: _____ *Result: POS / NEG / INDETERMINATE
 Colonoscopy within past 5 years Date: _____

Overdue Last recorded FOBT Date: _____ *Result: POS / NEG / INDETERMINATE
 Last recorded colonoscopy Date: _____

Not eligible Over 75/under 50 years of age
 Other

*Results will only be provided for ColonCheck supplied FOBT kits.



Get checked Manitoba.
Cancer screening saves lives.
BreastCheck✓ CervixCheck✓ ColonCheck✓

1-855-95-CHECK | Fax: 204-774-0341
screening@cancercare.mb.ca
cancercare.mb.ca/screening