GET F.I.T. to stay fit

STEPPING UP TO FIGHT COLORECTAL CANCER IN THE PANHANDLE

For office use only:

Date: _____

Location/County:_____

CHW: _____

Participant ID:_____

Kit Sticker:

Eligibility Questions:

Name (First Middle Last)			
Date of Birth	Age	Gender Identity:	Race you identify with: (check all that apply) White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Alaska Native ☐ Other:_____
Are you Hispanic or Latino? Yes ☐ No ☐		Language Preferred: English ☐ Spanish ☐ Other: _____	Valid Texas Driver License: Yes ☐ No ☐
Mailing Address:		City/State/Zip	County of Residence:
Email Address:		Phone Number:	Are you married or living with a partner? Yes ☐ No ☐
Emergency Contact:		Phone Number:	
What country were you born in? (check box) United States ☐ Mexico ☐ Other: _____			How long have you been in the US?
Are you currently working? (check box) Full time ☐ Part time ☐ Not Employed ☐			
Highest Level of Education completed:	Do you have health insurance? Yes ☐ No ☐	For someone your age, how would you rate your health? Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐	
Household Income (check the best answer): 1 - Less than $10,000 ☐ 2 - $10,000 - $15,000 ☐ 3- $15,000 - $20,000 ☐ 4- $20,000 - $25,000 ☐ 5- $25,000 - $35,000 ☐ 6- $35,000 - $50,000 ☐ 7- $50,000 - $75,000 ☐ 8- $75,000 or more ☐ Don't know ☐ Prefer not to answer ☐			

Intake Questions:

Do you have a regular doctor? Yes ☐ No ☐	Doctor's Name and Clinic Address:

Do you drink alcohol? (check one) Yes ☐ No ☐	Do you use tobacco products? cigarettes/vape/chew/dip/hookah/etc. Yes ☐ No ☐

Have you or anyone in your family been diagnosed with colon cancer? Yes ☐ No ☐

If you answered 'YES' to the previous question -- Check all that apply and at what age?

Self ☐	Mother ☐	Father ☐	Brother ☐	Sister ☐
Child ☐	Aunt ☐	Uncle ☐	Grandmother ☐	Grandfather ☐
Cousin ☐				

Over the last three months, have you noticed blood from your rectum or in your stool on more than one occasion?
Yes ☐ No ☐ Don't know ☐

Has a doctor ever recommended that you get tested for colorectal cancer? Yes ☐ No ☐

Has your doctor ever had you perform an at-home stool test? Yes ☐ No ☐

If 'Yes' -- When? _____

Have you ever had a colonoscopy? Yes ☐ No ☐

If 'Yes': When? Month_____ Year_____

When did your doctor recommend that you have another colonoscopy? _____ years

Have you had your recommended follow-up colonoscopy? Yes ☐ No ☐

If 'Yes': When? Month_____ Year_____

Would you like to enroll in our texts? Yes ☐ No ☐

Consent for Treatment:

I, _____, as a Get F.I.T. to Stay Fit program participant, hereby agree and acknowledge that I will receive mo cost colon cancer screening and diagnostic sercices only. I am aware and agree that, I will be responsible to pay for further office visits, office procedures, hospital and surgical fees and treatments or service(s) needed after final diagnosis is obtained.

I acknowledge that I am signing this statement voluntarily, and it is not being signed under duress or after services have already been provided. I understand that by signing this form, I will be fully responsible for my health care. I also understand that it is my choice to have any further services recommended by my healthcare provider and other healthcare access options provided by this organization.

Release of Medical Information:

I, Ada _____, by signing this form, authorize you to release confidential health care information about me to Get FIT to Stay Fit. I also authorize Get FIT to Stay Fit to release confidential health care information about me to additional medical providers as needed concerning my diagnosis and treatment to continue my medical care.

Limitations on the information you may release subject to this Release Form are as follows:

Test _____
_____
_____

I have read this authorization or have had this authorization read to me. I understand and agree to its contents.

I have been informed that I may revoke this authorization by written statement at any time.

_____ _____
(Patient Signature or Legal Representative) (Date)

_____ _____
(Witness) (Date)

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CANCER PREVENTION & RESEARCH
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