

**FOBT+ Patient**  
**Complete Diagnostic Evaluation Feedback Form**  
<DATE>

Please find below a list of patients in your practice with a positive fecal occult blood test (FOBT+) result in the US Healthcare Colorectal Cancer Screening Program. Information is provided on the date of the FOBT+ result and on the complete diagnostic evaluation (CDE) status of each patient.

Patient CDE status was determined on the basis of information provided by your practice on an FOBT+ Patient Follow-up form and inspection of US Healthcare administrative data.

If you have any questions related to the information provided here, please call our office at <TELEPHONE NUMBER>.

Sincerely,

<NAME>

<u>Patient Name</u>	<u>ID Number</u>	<u>FOBT+ Result Date</u>	<u>CDE Status</u>
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DATE

PRACTICE

Dear Doctors NAMES:

Aetna U.S. Healthcare™ screening program records indicate that NAME (ID#), a patient in your office, had a positive fecal occult blood test (FOBT) result on DATE. As a participant in “The CDE Study,” an NCI-funded study on colorectal cancer screening and follow-up, your office is asked to record the information requested below for the patient.

Please fax the completed form to NUMBER within two weeks of receipt. Alternatively, send a copy of the completed form by mail using the enclosed addressed, postage-paid envelope.

Thank you for your prompt response. If you have any questions, please call Dr. Myers at NUMBER.

Best regards,

NAME, MD  
Senior Medical Director  
Aetna US Healthcare

Ronald E. Myers, PhD  
Associate Professor  
Thomas Jefferson University

DENIS SCOTT			
FOBT+ FOLLOW-UP FORM			
08/16/99	Flexible Sigmoidoscopy (FS)	Barium Enema X-Ray (BE)	Colonoscopy (Cx)
	Not advised <input type="checkbox"/>  Advised, but not done <input type="checkbox"/>  FS Done <input type="checkbox"/>  Date: ___/___/___	Not advised <input type="checkbox"/>  Advised, but not done <input type="checkbox"/>  BE Done <input type="checkbox"/>  Date: ___/___/___	Not advised <input type="checkbox"/>  Advised, but not done <input type="checkbox"/>  Cx Done <input type="checkbox"/>  Date: ___/___/___
	<b>Reason(s) why both FS and BE or CX not advised or not done</b>		
	<input type="checkbox"/> Procedure(s) completed just prior to FOBT+ result date. <input type="checkbox"/> Patient not known to practice at time of FOBT+ result. <input type="checkbox"/> Patient left practice before procedure(s) could be done. <input type="checkbox"/> Patient medical condition contraindicated use of procedure(s). <input type="checkbox"/> Patient referred to specialist, but procedure(s) not done. <input type="checkbox"/> Patient deceased. <input type="checkbox"/> Other: _____ _____ _____		
Diagnosis:	<input type="checkbox"/> Colon Cancer <input type="checkbox"/> Rectal Cancer <input type="checkbox"/> Polyp <input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Diverticulitis <input type="checkbox"/> Peptic ulcer disease <input type="checkbox"/> AVM <input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> No pathology found <input type="checkbox"/> Other: _____ _____

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Physician Signature

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Month/Day/Year

