



Patient Information and Enrollment Form

To receive a FIT kit, you must:

(Please initial next to each item.)

- Be a Wyoming resident; Age 45-75.
- Have not had colonoscopy in the last 10 years, a stool test (FIT Kit/FOBT) in the last year or a stool DNA test (FIT-DNA) in the last three years.
- Have no history of bleeding ulcers or hemorrhoids.
- Have no current symptoms, including bleeding or blood in the stool.
- Have no personal history of colorectal cancer or adenomatous (pre-cancerous) polyps.
- Have no personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease).
- Have no family history of colorectal cancer or polyps or a hereditary colorectal cancer syndrome such as familial adenomatous polyposis or Lynch syndrome (hereditary non-polyposis colon cancer).

Facts about FIT kits:

- The kit works by detecting small amounts of blood in the stool.
- If done every year, the kit can help find polyps and cancer before they become a problem.
- They are done at home and tested by nurses at Cheyenne Laramie County Public Health.
- If the FIT kit results are abnormal, you will likely need a colonoscopy.

The information provided below will be used by Cheyenne Laramie County Public Health to process your kit and contact you with your results. All screening information is kept confidential by the clinic staff.

First Name: _____ Last Name: _____ DOB: ____/____/____

Year of Prior Screening (if known): _____ Insurance Type (circle): Private Medicaid Medicare Other

Mailing Address: _____

City: _____ Zip: _____ Phone: (____) _____ - _____

*By accepting this FIT kit, you are acknowledging you will be able to complete and return the sample in the enclosed envelope within 30 days. There is no cost to you for completing the FIT kit. Test results will be provided via letter or telephone call.

Patient Signature: _____ Date: ____/____/____

FIT Kit #: _____ PHN: _____ Location: _____