



171 Farenholt Avenue  
Tamuning, Guam 96913  
tel. 646.0443 646.0444  
fax 646.0440

C# \_\_\_\_\_

### COLON SCREENING

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Birthdate \_\_\_\_\_

Please circle the appropriate answer for any of the following that apply to you:

- YES / NO Immediate family members with Colon or Rectal Cancer.  
Relation to you: \_\_\_\_\_  
Approximate age of diagnosis of cancer: \_\_\_\_\_
- YES / NO Abdominal pain: Where: \_\_\_\_\_ How often: \_\_\_\_\_
- YES / NO Weight Loss: How much: \_\_\_\_\_ Since when: \_\_\_\_\_
- YES / NO Rectal Bleeding: How often: \_\_\_\_\_ Since when: \_\_\_\_\_  
Bright red blood per rectum OR Tarry stools (stool black in color)
- YES / NO Known personal history of hemorrhoids. Since when: \_\_\_\_\_
- YES / NO Change in bowel habits. (Ex. Diarrhea / Constipation)
- YES / NO History of previous Colonoscopy / Flexible Sigmoidoscopy / Barium Enema.  
When: \_\_\_\_\_ By who: \_\_\_\_\_  
Results: \_\_\_\_\_
- YES / NO Personal history of cancer. Type: \_\_\_\_\_

Good / Poor Appetite

Reviewed by: \_\_\_\_\_, ISC Staff