

FIT TEST KIT NUMBER:



Please complete form
Send most recent PHI
Physician Signature required

Texas A&M Health Family Care • 2900 E 29th Street • Bryan • Texas • 77802 • 979 776 8440 (P) • 877 601 5854 (F)

Colorectal Screenings: 979-436-0443

Women's Health Screenings: 979-436-0453

Referral Form

Self-Referral? YES No Date: _____

Referring Physician / Organization: _____ Phone: _____

Clinic: _____ Fax: _____

Address: _____ City: _____

County: _____ Zip Code: _____

Patient Name on ID: _____ DOB (MM/DD/YYYY): _____

Preferred Name: _____ Phone #1: _____ Home Cell

Mailing Address: _____ Phone #2: _____ Home Cell

City: _____ County: _____ State: _____ Preferred Language: _____

Zip Code: _____ Gender: Male / Female (Please Circle) Patient Allergies: _____

Colorectal Screening Service Required (Check all that apply) Colonoscopy FIT Test *Previously Screened (FIT):* Yes No

Reason for Referral (Check all that apply): Screening Positive FIT/FOBT Black stools/Melena Diarrhea

Anemia Bleeding Abdominal Pain Constipation Other: _____

Family History of Polyps/Colorectal Cancer: Father Mother Sibling Grandparent

Comments: _____

Women's Health Service Required (Check all that apply): Pap Test Colposcopy LEEP Mammogram

Breast Ultrasound Breast Biopsy Hep C Antibody Screening

Family History: _____

Comments: _____

Provider Signature or Authorized Representative

Date