Chelsea Colorectal Cancer Screening Project   Principal Investigator: Sanja Lima-Percac, MD, PhD

Patient Contact Form

Referral Date: _____   Patient Name: _____

Referring Physician: _____   Patient MGH UN: _____

Reason for Referral: _____   Date of Contact: _____

Patient Primary Language: _____   Method of Contact: _____

Barriers Identified   ## Interventions Preformed

N   Y

❑   ❑ **1. Personal barriers discussed (if no, skip to 2.)**

N   Y

❑   ❑ **a. Knowledge**
❑   ❑   1) CRC ➔ (if yes) . . . .   ❑   ❑ Education, re: CRC
❑   ❑   2) Screening ➔ . . . .   ❑   ❑ Education, re: screening

❑   ❑ **b. Motivation**
❑   ❑   1) Provider recommendation   ➔ . . . .   ❑   ❑ PCP appointment
                                                                        ❑   ❑ Referral to GI
❑   ❑   2) Laziness ➔ . . . .   ❑   ❑ Motivating/ education
❑   ❑   3) Forgetting appointments   ➔. . . . .   ❑   ❑ Reminding about app
❑   ❑   4) Embarrassment ➔ . . . .   ❑   ❑ Emotional support
                                                                        ❑   ❑ Education

❑   ❑ **c. Fear**
❑   ❑   1) Procedure – pain ➔ . . . .   ❑   ❑ Education, re: procedure
❑   ❑   2) Procedure – complications ➔. . . . .   ❑   ❑ Education, re: procedure
❑   ❑   3) Diagnosis–cancer ➔ . . . .   ❑   ❑ Emotional support
                                                                        ❑   ❑ Education
❑   ❑ **d. Patient refuses colonoscopy** ➔ . . . .   ❑   ❑ Education/motivation
                                                                        ❑   ❑ Explaining/giving FOBT
                                                                        ❑   ❑ Getting back card for analysis
❑   ❑ **e. Other:** _____ ➔ . . . .   ❑   ❑ _____

N   Y

❑   ❑ **2. System barriers discussed (if no, end)**

N   Y

❑   ❑ **a. Scheduling** ➔ . . . .   ❑   ❑ Schedule GI app
❑   ❑ **b. Language barrier** ➔ . . . .   ❑   ❑ Translating–written materials
                                                                        ❑   ❑ Interpreting during appointment
❑   ❑ **c. Preparation**
❑   ❑   1) Pain/discomfort ➔ . . . .   ❑   ❑ Explaining instructions
                                                                        ❑   ❑ Obtaining different prep from GI
❑   ❑ **d. Financial**
❑   ❑   1) Medication for prep expense ➔. . . . .   ❑   ❑ Assisting in obtaining the med
❑   ❑   2) Lost time (wages) from work   ➔. . . . .   ❑   ❑ Rescheduling the appointment
❑   ❑   3) Insurance ➔. . . . .   ❑   ❑ Exploring pt's coverage
❑   ❑ **e. Transportation** ➔.   ❑   ❑ Arranging transportation
❑   ❑   1) No person to accompany pt ➔. . . . .   ❑   ❑ Accompanying pt to procedure
❑   ❑ **f. Follow up** ➔ . . . .   ❑   ❑ Reviewing results of CRCS
                                                                        ❑   ❑ Put results/follow up in LMR
❑   ❑ **g. Other:** _____ ➔ . . . .   ❑   ❑ _____