

Patient Study ID Number _____

CRC Screening Chart Audit Form

Patient Study ID No _____

Male _____ Female _____

Preferred Language: _____English _____Spanish _____Other _____Missing

Marital Status: _____Single _____Married _____Divorced, Separated or Widowed _____Missing

Ethnicity: _____Hispanic or Latino _____Non-Hispanic or Non-Latino _____Missing

Race (Check all that apply):

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ Other specify _____

_____ Missing

Practice ID _____

Auditor _____

Audit Date _____/_____/_____
MM DD YY

Instructions: Document information on colorectal cancer screening test performance from the medical chart.

- If no testing in a category performed, check no result.
- If multiple tests were performed in one category, provide information on most recent test.
- If the information comes from a source other than the medical chart, indicate the source.

Section A. Stool Test (ST)- Since < date

- A-1.** ST Result Yes No
- A-2.** Most recent ST ST Result Date / /
MM DD YY
- ST Result Normal
 Abnormal(specify)_____
- ST Reason Screening Test
 Diagnostic Test
 Unknown
- A-3.** Source used other than Medical Chart: No Yes (specify)_____

Section B. Flexible Sigmoidoscopy (FSig)- Since < date

- B-1.** FSig Result Yes No
- B-2.** Most recent FSig FSig Result Date / /
MM DD YY
- FSig Result Normal
 Abnormal(specify)_____
- FSig Reason Screening Test
 Diagnostic Test
 Unknown
- B-3.** Source used other than Medical Chart: No Yes (specify)_____

Section C. Barium Enema X-Ray (BE)- Since < date

- C-1.** BE Result Yes No
- C-2.** Most Recent BE BE Result Date / /
MM DD YY
- BE Result Normal
 Abnormal(specify) _____
- BE Reason Screening Test
 Diagnostic Test
 Unknown
- C-3.** Source used other than Medical Chart: No Yes (specify) _____

Section D. Colonoscopy (Cx) - Since < date

- D-1.** Cx Result Yes No
- D-2.** Most Recent Cx Cx Result Date / /
MM DD YY
- Cx Result Normal
 Abnormal(specify) _____
- Cx Reason Screening Test
 Diagnostic Test
 Unknown
- D-3.** Information found in (Check all that apply) Flow Sheet Consults
 Progress Note Labs
 Other, specify: _____
- D-4.** Source used other than Medical Chart: No Yes (specify) _____