

## **FOBT/FIT Follow-up Phone Script for Average-Risk Individuals**

### **Introduction:**

Good Morning/Afternoon. May I speak with \_\_\_\_\_?

(Note: Due to HIPAA regulations, the conversation should not proceed unless speaking directly with the patient.)

My name is \_\_\_\_\_ and I am calling from \_\_\_\_\_.

You recently received a stool blood test for colon cancer screening.

Did you have any questions about the test?

We are calling everyone who received one of these to see if there is any way we can help you complete the test.

### **1. “Have you had the chance to complete and mail your kit?”**

**If the answer is YES**, get the approximate date to ensure that the test will be valid, and get the approximate date of receipt. Thank the participant and let them know that you will mail them their results.

**If the answer is NO**, ask the following question.

Mr./Ms. \_\_\_\_\_, is there any reason why you have not completed your kit?

(Document reason; possible reasons are listed below.)

- Diet and Drug Restrictions
- Test is difficult and disgusting
- Haven’t had the time
- Changed my mind
- Received other colorectal cancer testing
- Believe it is not effective way of screening
- Health Insurance/Doctor

### **2. Emphasize the benefits of screening and program services.**

“Colorectal Cancer can affect anyone – men and women alike – and your increases with age. Colorectal Cancer is highly preventable, treatable and often curable. There are several screening tests for colorectal cancer. These tests not only detect colorectal cancer early but can prevent colorectal cancer.

Beginning at age 50, men and women should be screened regularly for colorectal cancer. If you have a personal or family history of colorectal cancer or colorectal polyps, or personal history of another cancer or inflammatory bowel disease, you should begin screening earlier.

### **3. If patient indicates that they prefer a colonoscopy, ask “Do you have health insurance?”**

If they are insured, suggest a visit to an endoscopist (gastroenterologist or general surgeon) for a colonoscopy. If they do not know a gastroenterologist, give physician referral phone number and appropriate form.

**If they are uninsured**, encourage them to follow through with FOBT.

Mr./Ms. \_\_\_\_\_ Thank you for your time today.

**Do you have any questions? If you need further assistance with completing your kit or have any questions, please give us a call at \_\_\_\_\_.**

**Note: Please document and track these conversations.**