

COLON CANCER SCREENING DISCUSSION GUIDE

Fill out the information below and check the statements that apply to you.

If you have any other questions you'd like to add to this list, write them in the space provided.



Select all that apply:

FAMILY HISTORY

- ☐ I do not have a family history of colon cancer
- ☐ I have family members who have had polyps found
- ☐ I have a family history of colon cancer

SCREENING METHODS

- ☐ I'd like to learn about different screening methods

SCREENING PREPARATION

- ☐ I'd like to know about the preparation necessary for a colonoscopy

- ☐ I'd like to know about any necessary diet or medication adjustments

- ☐ I'd like to know about screening tests I can take at home

- ☐ I'd like to know if my insurance will cover the cost of screening

NOTES
