



CT LOW-DOSE CHEST SCREENING



Patient Demographics	
Patient Name	
DOB	Pt Phone #
Accession #	
Date of Exam	

Screening Questions	
AGE:	_____ (must be between age of 55–77)
Current tobacco smoking status:	Current smoker: <input type="checkbox"/> YES <input type="checkbox"/> NO
If patient is a former smoker, enter the number of years since quitting smoking?	_____ (cannot exceed 15 years to qualify for this exam.)
Actual pack–year smoking history, how long has the patient smoked?	Enter amount of packs smoked per day _____ Enter number of years smoked _____
	Multiply # of packs smoked per day TIMES # of years= _____
Is the patient asymptomatic? (this means the patient is not showing any signs and symptoms of lung cancer)	Pt is asymptomatic: <input type="checkbox"/> Yes <input type="checkbox"/> No

TECHNOLOGIST/PROVIDER ORDER REQUIREMENTS	
A signed order from the provider is in the patient chart?	<input type="checkbox"/> YES <input type="checkbox"/> NO
The order contains the provider NPI #?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient had a recent screening visit with the provider documented in the medical record?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Individual completing the form: Print full name :
Individual completing the form: Signature :