

# Low Dose CT Chest Without Contrast to Screen for Lung Cancer



Call patient to schedule    Patient will call to schedule

**North Metro Scheduling: 763.792.1999 | Fax: 763.792.1938**

*Blaine • Coon Rapids • Maple Grove • Northwest*

**South Metro Scheduling: 952.893.0000 | Fax: 952.837.9774**

*Burnsville • Southdale*

## PATIENT INFORMATION

Patient name

First

Middle

Last

Date of birth

Age

must be between 55-80;  
Medicare 55-77

Patient's daytime phone number

Patient's evening phone number

## LUNG SCREENING INFORMATION

Pack Years \_\_\_\_\_ (Smoking history must equal 30 pack years) Example: smoked 2 packs per day for 15 years

Currently smoking?  YES    NO   OR   Former smoker; what year did you quit? \_\_\_\_\_  
Must be 15 years ago or less.

Are you currently undergoing surveillance for cancer that includes imaging?  YES    NO

## REFERRING CLINIC / PROVIDER INFORMATION

Clinic name \_\_\_\_\_

Clinic address \_\_\_\_\_

Clinic phone \_\_\_\_\_

Clinic Contact Name \_\_\_\_\_

Ordering Provider:

- The patient has participated in a discussion about the potential risks and benefits of CT Lung Cancer Screening.
- The patient was counseled on the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- The patient participated in a shared decision making discussion including the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- The patient is asymptomatic (no symptoms such as fever, chest pain, new shortness of breath, new or changing cough, coughing up blood or unexplained significant weight loss).

**Patient meets screening criteria**

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_