

## CT Low-dose chest screening worksheet

### PATIENT DEMOGRAPHICS

<b>Patient Name:</b>	
<b>DOB:</b>	
<b>Accession #</b>	
<b>Date of exam:</b>	

### SCREENING QUESTIONS

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

### TECHNOLOGIST/ PROVIDER ORDER REQUIREMENTS

<b>A signed order from the provider is in the patient chart?</b>	YES or NO
<b>The order contains the provider NPI #?</b>	YES or NO
<b>Patient had a recent screening visit with the provider documented in the medical record?</b>	YES or NO
Individual completing this form: Print full name :	
Individual completing this form: Signature:	