

CT Low-dose chest screening worksheet

	<u>PATIENT DEMOGRAPHICS</u>
Patient Name:	
DOB:	
Accession #	
Date of exam:	

<u>SCREENING QUESTIONS</u>	
AGE:	_____ (must be between age of 50- 80)
CURRENT TOBACCO SMOKING STATUS: If patient is a former smoker, enter the number of years since quitting smoking?	Current smoker: YES or NO How many years ago did the patient quit smoking: _____ (Must be current smoker or quit within last 15 years)
ACTUAL PACK-YEAR SMOKING HISTORY:	Enter # of PACKS smoked per day _____ Enter # of YEARS smoked _____
Eligibility criteria requires at least 20 pack-years. If your calculation is less than 20, contact ordering provider.	Multiply # of PACKS smoked per day TIMES # of YEARS = _____ This number MUST be equal to or greater than 20 to qualify for LDCT.
Is the patient asymptomatic? (This means the patient is NOT showing signs or symptoms of lung cancer)	Pt is asymptomatic: YES or NO Pt CANNOT have signs or symptoms of lung cancer or they may be ineligible.
Has the patient had CT chest in the past 12 months?	YES or NO If pt had CT chest in last 12 months they need to sign ABN form.

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