# Low Dose CT Lung Screening Questionnaire Form

Early detection can save lives!

Candidates should not have a diagnosis of lung cancer within the past 5 years.

| Name: ___________________________ | DOB: __________________________ |
| Phone #: __________________________ | Insurance: __________________________ |
| Primary Care Physician: __________________________ |

### Smoking Status

- Current Smoker _______ # packs a day
- Current Smoker _______ years
- Former/quit _______ years ago
- Year Quit _________________

Smoking Cessation Education Given?  ❑ Yes  ❑ No

### Category 1 Eligibility

1. Age 55-77 Years  ❑ YES  ❑ NO
2. Currently a smoker or have quit within 15 years  ❑ YES  ❑ NO
3. Have smoked at least a pack of cigarettes a day for 30+ years  ❑ YES  ❑ NO

*If all answers are yes, patient is eligible*

### Category 2 Eligibility

1. Age 50-77 Years  ❑ YES  ❑ NO
2. Have smoked at least a pack of cigarettes a day for 20+ years  ❑ YES  ❑ NO
3. Have one additional lung cancer risk factor, not to include Second hand smoke.

*If all answers are yes, patient is eligible*

### High Risk Factors

*please check all that apply*

- Family History of Lung Cancer:
  - Mother  ❑
  - Father  ❑
  - Sibling  ❑
  - Child  ❑

- Personal History Of Chronic Lung Disease:
  - List: ___________________________________________________________

- Personal Cancer History:
  - List: ___________________________________________________________

Questionnaire may be submitted online, email to Elizabeth Slatten, RN, Lung Cancer Nurse Navigator at eslatten@crmchealth.org. Please contact Beth at 931-783-4996 for questions or clarification.

### FOR OFFICE USE ONLY - DO NOT FILL OUT

Eligible: ❑ Yes  ❑ No  Approved by: __________________________  Date: __________________________

Date Scheduled: __________________________