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

<table>
<thead>
<tr>
<th>Category 1 Eligibility</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age 55-77 Years</td>
<td></td>
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<tr>
<td>2. Currently a smoker or have quit within 15 years</td>
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<tr>
<td>3. Have smoked at least a pack of cigarettes a day for 30+ years</td>
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*If all answers are yes, patient is eligible*

<table>
<thead>
<tr>
<th>Category 2 Eligibility</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age 50-77 Years</td>
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<tr>
<td>2. Have smoked at least a pack of cigarettes a day for 20+ years</td>
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<tr>
<td>3. Have one additional lung cancer risk factor, not to include Second hand smoke.</td>
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</tbody>
</table>

*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: ________________________