7000 Spyglass Ct Suite 160/260 Viera FL 32940
6609 N Wickham Rd Suite 101 Melbourne FL 32940
Phone: 321-254-7880 Fax: 321-254-7707 or 321-254-4391

CT Lung Cancer Screening Questionnaire

Patient Name:____ Sex: Male / Female

Exam Date:____________________ Date of Birth:___________________

SSN:____________________ Medicare# (if applicable):___________________

Ordering Physician:________________________Patient Height:_____ Weight:______

Race: American Indian Alaska Native Asian Native Hawaiian or Pacific Islander White Black or African American	Ethnicity: Hispanic or Latino / Not Hispanic or Latino Radon exposure: No Yes Unknown Second hand smoke exposure? No Yes Unknown
Have you had occupational exposure to any of these?	Circle all that apply: Silica Cadmium Asbestos Arsenic Beryllium Chromium Nickel Diesel Fumes Coal Smoke Soot None Other:
Family history of lung cancer? No Yes - Mother Father Sister Brother Daughter Son Other	
Smoking Status:	Currently smoking? Y N If not currently smoking, how many years since stopped?__________ Packs per day (20 cigarettes per pack):______ X Years smoked:_______= Pack years:______
Do you have a history of:	COPD Pulmonary Fibrosis Emphysema Coronary Artery Disease Congestive Heart Failure Peripheral Vascular Disease
History of cancers that are associated with an increased risk of developing a new primary lung cancer:	Circle all cancers that apply to **you**: None Lung Lymphoma Head/Neck Bladder Acute myeloid Leukemia Colorectal Esophageal Liver Gastric Kidney Pancreatic Other smoking related cancers:

I have read and answered the questions above to the best of my knowledge. I hereby request and authorize performance of today's exam. This screening exam may be covered by your insurance if you meet criteria on a yearly basis, meaning a year and a day has to pass before this exam can be performed again. I acknowledge that if my insurance denies because of frequency, lack of qualification, or other reasons that I will be financially responsible for the out of pocket expense for the exam. (EST $250.00).

________________________________ ____________
PATIENT SIGNATURE (OR LEGAL GUARDIAN) DATE

TECHNOLOGIST USE ONLY:

TECH INITIALS:	INSURANCE: MEDICARE MEDICAID SELF-PAY OTHER
IV CONTRAST: NONE	PREV FILMS/REPORTS: YES/NO DATE:
COMMENTS:	

CT Lung Cancer Screening-Technologist Worksheet

****Technologist use only

<table>
<tr><td colspan="2">Patient name:</td><td colspan="2">Facility ID: 106979 –Spyglass
Facility ID: 107742 -Wickham</td></tr>
<tr><td colspan="2">Patient ID#</td><td>Registry case #</td><td>NRDR#</td></tr>
<tr><td colspan="2">Radiologist (reading):</td><td colspan="2"></td></tr>
<tr><td colspan="2" rowspan="2">Ordering MD:</td><td colspan="2">Name:</td></tr>
<tr><td colspan="2">NPI#:</td></tr>
<tr><td colspan="2">Indication for Exam:</td><td colspan="2">Are there any signs or symptoms of cancers: Yes No
If no, select one: Baseline screen Annual Screen</td></tr>
<tr><td colspan="2">Modality:</td><td colspan="2">Low dose chest CT Routine chest CT</td></tr>
<tr><td>CT Scanner:</td><td>Spyglass
Wickham</td><td colspan="2">Manufactuar: Philips Model: Brilliance 64slice</td></tr>
<tr><td colspan="2">Screening CT Radiation Exposure:</td><td>CTDivol: (mGy)</td><td>*DLP: (mGy*cm)</td></tr>
<tr><td colspan="2"></td><td>Tube current-time: (mas)</td><td>Tube voltage: (kV)</td></tr>
<tr><td colspan="2"></td><td>Scanning time: (s)</td><td>Scanning volume: (cm)</td></tr>
<tr><td colspan="2"></td><td colspan="2">Pitch:</td></tr>
<tr><td colspan="2"></td><td colspan="2">Reconstructed image width (nominal width of reconstructed image along z-axis): (mm)</td></tr>
<tr><td colspan="2">CT Exam results by Lung-rads category:</td><td colspan="2"></td></tr>
<tr><td colspan="2">Other clinically significant or potentially significant abnormalities-CT exam result modifier S:</td><td colspan="2">Yes No If yes, circle all that apply:
Aortic aneurysm
Coronary arterial calcification, moderate or severe
Pulmonary fibrosis
Mass, please specify location:
Other interstitial lung disease</td></tr>
<tr><td colspan="2">Prior history of lung cancer- CT exam result modifier C:</td><td colspan="2">Yes No If yes, years since prior diagnosis:</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td></tr>
</table>

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