BAPTIST M&S IMAGING

LUNG SCREENING QUESTIONNAIRE

Name: ______________________________________ Date of Birth: ___________ Last 4 numbers of SS#:___________

Referring Physician: ____ Height: ________ Weight: ________

Medical history (check all that apply) ❑ Diabetes ❑ High blood pressure ❑ Smoking ❑ Kidney disease/failure ❑ Asthma ❑ COPD ❑ Dialysis ❑ Multiple myeloma ❑ Adrenal Gland Tumor ❑ Heart Disease ❑ Lung Disease

List any major surgeries: ____

Prior studies

Have you had previous related imaging studies done? ☐ Yes ☐ No What part(s) of your body?_____________________

Where did you get these exams done? ______________________________________ What year? _____________________

Type of exam: ❑ X-Ray ❑ CT ❑ MRI ❑ Ultrasound ❑ Nuclear Medicine ❑ PETCT

1. Are you between the ages of 55 and 77? ❑ Yes ❑ No
2. Do you have any signs or symptoms of lung cancer? ❑ Yes ❑ No
3. Do you have any prior history of lung cancer? ❑ Yes ❑ No
4. Have you ever been diagnosed with any other type of cancer? ❑ Yes ❑ No

   If yes, please describe____

   What is your smoking status? ❑ Current smoker ❑ Former smoker ❑ Unknown ❑ Never a smoker

Current Smokers / Former Smokers

How many years have you been smoking? ____________

1. How many packs a day? ____________
2. How many years since you quit? ____________

Please initial all that apply:

______ I acknowledge that I was provided smoking cessation education (pamphlet) today.

______ I acknowledge that my ordering physician has counseled me on lung screening and shared decision making for my health.

Patient Signature: ____ **Date:** ____________

*************************************This section is for staff use only***************************************

1. CTDI _________
2. DLP __________
3. Number of pack years _________ (1 pack daily for a year = 1 pack year)

Baptist M&S Staff Full Signature: ____ **Date:** ____________