

CT Lung Screening Patient History

Patient: _____ Today's Date _____ Height _____ Weight _____

Date of birth _____ Age _____ Sex: () Male () Female

Medical History: If you have been diagnosed with any of the following, please check all that apply:

- Cancer (any type)-List type and date diagnosed: _____
- Prior LUNG NODULE-If yes, how was it evaluated (prior CT)? _____
- Chest Surgery? When and type: _____
- Coronary Artery Stent? When? _____
- Pulmonary Fibrosis
- Emphysema
- COPD
- Coronary Artery Disease
- Peripheral Vascular Disease
- Congestive Heart Failure

Have you ever had the following? CT Scan of Chest/Lungs NO YES Facility: _____ Date: _____

Smoking History:

- I am a NON-SMOKER who has significant EXPOSURE TO SECOND-HAND SMOKE (live with a smoker)
- I am a CURRENT a smoker. Age you started to smoke: _____ Packs/day: _____
- I smoked in the PAST. Age started smoking: _____ Age stopped: _____ Packs/day: _____

Occupational Exposure:

Have you ever been exposed to any of the following chemicals listed below that could increase your risk to lung cancer:

- Arsenic
- Nickel
- Silica
- Chromium
- Cadmium
- Diesel Fumes
- Asbestos
- Beryllium
- Radon Gas

Family History:

- No family history of lung cancer
- Immediate family member has been diagnosed with lung cancer. Check all that apply.
 - Mother
 - Brother
 - Daughter
 - Father
 - Sister
 - Son
- Non-immediate family member has been diagnosed with lung cancer.

I consent to have the CT scan performed. I understand that the results of this procedure will be sent to my referring physician. All information provided on this form is correct to the best of my knowledge.

Patient Signature

Date

Technologist's section:

CTDI:	DLP:	TECH:
# of year's smoked:	Pack year history:	Year quit: