



Call patient to schedule

Corrected order

STAT order

**PATIENT INFORMATION**

**St. Luke's Connect**

TV Phone: (208) 706-5850  
TV Fax: (208) 706-5855  
MV Phone: (208) 814-1600  
MV Fax: (208) 814-1910  
Tax ID # # 820161600  
Auth # \_\_\_\_\_

<b>Order Date &amp; Time:</b>	<b>Provider Name (Printed):</b>
<b>Name:</b>	<b>Provider Signature (Req.)</b>
<b>DOB:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Referring Phone:</b>
<b>Home Phone:</b>	<b>CC Results To:</b>

**CT CHEST LUNG CANCER SCREENING**

**TEST OPTIONS :**

CT CHEST LUNG CANCER SCREENING: initial exam / repeat exam/ follow-up exam

- **Currently Smoking?** Yes No  
If not currently smoking, how many years since stopped? \_\_\_\_\_
- **Packs/Day** \_\_\_\_\_ **x Years Smoked =** \_\_\_\_\_ **= Pack years**
- **Currently Symptomatic for Lung Cancer?** Yes No
- **Diagnosis:** \_\_\_\_\_

**PLEASE VERIFY THE FOLLOWING CRITERIA HAVE BEEN MET:**

- The patient is between the ages of 55– 77 years old.
- The patient has a smoking history of at least 1 pack per day over 30 years or equivalent (i.e., 2 packs per day for 15 years)
- The patient currently smokes or has quit within the past 15 years
- The patient is in reasonably good health with no new pulmonary symptoms.
- The patient participated in a shared decision making session where the benefits, harms, over-diagnosis, and false positive rate of the screening exam were discussed. The patient understands the importance of adherence to annual screening. The patient was informed of the potential for diagnosis and treatment of lung nodules and/or lung cancer.

**COMMENTS:** \_\_\_\_\_  
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