

**CT LUNG SCREENING**

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| **THIS SECTION TO BE COMPLETED BY PATIENT** |
| **NAME:**  | **DOB:**  |
| Are you pregnant or possibly pregnant? | [ ]  Yes  | [ ]  No  |
| Have you ever been diagnosed with lung cancer?  | [ ]  Yes  | [ ]  No |
| Have you ever been regularly exposed to secondhand smoke? | [ ]  Yes  | [ ]  No |
| Do you have any previous chest x-rays? | [ ]  Yes  | [ ]  No |
| If yes, where?  |
| Do you have a history of lung disease? | [ ]  Yes  | [ ]  No |
| If yes, please explain: |
| Have you ever had lung surgery? | [ ]  Yes  | [ ]  No |
| If yes, please explain:  |
| Have you ever had a lung biopsy? | [ ]  Yes  | [ ]  No |
| If yes, please explain:       |
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| **IF YOU HAVE A HISTORY OF SMOKING, PLEASE COMPLETE THIS SECTION** |
| At what age did you begin smoking?  | Years old |
| How many packs per day?  | Packs/day |
| How many years have you been smoking? | Years smoking |
| Are you currently a smoker? | [ ]  Yes  | [ ]  No |
| If no, when did you quit? | Date (MM/YY): /  |
|  |  |
| **Patient or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **MDI Technologist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

6/26/18