CT Lung Cancer Screening Order Form

Scheduling Tel: (206) 606-1434 Scheduling Fax: (206) 606-6729

Patient Name: _____ Patient Phone: _____

Date of Birth: ___/___/_____ Age: _____ Height: _____ Weight: _____

Exam: Lung Cancer Screening Low Dose Chest CT Reason for exam: Lung Cancer Screening

- O Current Smoker
- O Maximum Packs per day: _____
- O Pack Year History: _____
- O Former Smoker: Quit Year: _____
- O Years Smoking: _____

By signing this order, you are certifying that (Please check below):

- ☐ The patient is between the ages of 55-77 for Medicare insurance and 55-80 for Medicaid/private insurance.
- ☐ The patient is a current or former smoker with at ***least*** a 30 pack year history **AND** has smoked within the last 15 years.
- ☐ The patient is asymptomatic for lung cancer (patients that have symptoms for lung cancer should typically receive a diagnostic CT).
- ☐ The patient is willing to undergo lung diagnosis and treatment should a lung cancer be found.
- ☐ The patient does not have any co-morbidities that would preclude treatment such as poor lung and cardiac function or chronic supplemental oxygen use.
- ☐ The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation consulting services, if applicable.
- ☐ A fax of the most recent clinic note has been sent to: Radiology Scheduling at (206) 606-6729

A one-time shared decision-making session, discussing the risks and benefits associated with screening (using one of the decision aids below), has been completed for initial scan only: ☐ **YES** / ☐ **NO**

- University of Michigan lung cancer risk calculator: www.shouldiscreen.com
- American Thoracic Society: https://www.thoracic.org/patients/patient-resources/resources/decision-aid-lcs.pdf
- American Lung Association: www.lungcancerscreeningsaveslives.org

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Additional Information:

- Some insurers may recognize NCCN Group 2 criteria for lung cancer screening which expands the high-risk population to those who are: Greater than or equal to 50 years old, have at least a 20 pack year smoking history, and have one additional risk factor for lung cancer. Additional risk factors for lung cancer can include: family history of lung cancer, occupational exposure, history of lung disease, or prior history of head/neck/thoracic cancer. Please have the patient contact their insurer to verify eligibility. https://www.nccn.org/patients/guidelines/lung_screening/

Informational Handouts:

- American Cancer Society: https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/
- Lung Cancer Alliance: http://www.lungcanceralliance.org/Educational%20Materials/LCA_Risk_Brochure_2015.pdf
- National Comprehensive Cancer Network: https://www.nccn.org/patients/guidelines/lung_screening/

PHYSICIAN SIGNATURE:	ORDERING/ATTENDING PRINTED NAME:	NPI CODE:	DATE:	TIME:
REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED

PHONE NUMBER:	FAX NUMBER:

Seattle Cancer Care Alliance
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