



**LOW DOSE CT LUNG CANCER SCREENING ORDER and SHARED DECISION MAKING VISIT**

**(This document MUST come to the hospital with the patient)**

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ( ) MALE ( ) FEMALE

Order:  LOW DOSE LUNG CANCER SCREENING (must check box)

Referring Physician Name: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PATIENT INFORMATION (Must be completed and signed)**

Currently Smokes: ( ) YES ( ) NO Former Smoker: ( ) YES ( ) NO

Years Smoked/Smoking: \_\_\_\_\_ Quit Date: \_\_\_\_\_ (must be <15yrs)

Packs Per Day: \_\_\_\_\_ (or) Pack Year: \_\_\_\_\_

Calculation: ( # of packs smoked per day: \_\_\_\_\_ x # of years smoked \_\_\_\_\_ = total pack years )

Asymptomatic (No signs or symptoms of lung cancer): YES ( ) if symptomatic – patient does not qualify for LDCT: consider diagnostic CT.

Personal History of Lung Cancer less than 5 yrs ago: YES ( ) NO ( )

YOUR SIGNATURE ON THIS FORM INDICATES THAT SHARED DECISION MAKING COUNSELING HAS OCCURRED WITH YOURSELF AND YOUR PRACTITIONER DURING AN OFFICE VISIT REGARDING LOW DOSE CT LUNG CANCER SCREENING, INCLUDING INFORMATION ABOUT THE CT, RISKS AND BENEFITS OF THE SCREENING AND NEED FOR ONGOING SCREENING.

By signing below I agree to proceed:

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Practitioner Signature Date



## **CMS CHECKLIST PATIENTS MUST MEET ALL QUALIFICATIONS BELOW**

- Age 55-77 years old (for Medicare patients only) ages will vary on the insurance provider.
- Asymptomatic (no S/S of lung cancer)
- Tobacco smoking history of at least 30 pack years (one pack-year=smoking one pack per day for one year; 1 pack = 20 cigarettes)
- Current smoker or one who last quit smoking within the last 15 years
- Receives a written order for LDCT lung cancer screening after a Shared Decision Making Appointment has been completed on the required document.

**RADIATION EXPOSURE:** LDCT lung screening uses radiation to create pictures of your lungs. Radiation can increase a person's risk of cancer. The amount of radiation in LDCT lung screening is small--- about the same amount a person would receive from a screening mammogram.

**FALSE NEGATIVES:** No test is perfect. This includes the LDCT lung screening. You may have lung cancer or other medical conditions not found during your screening. This is a **false negative**.

**FALSE POSITIVES/ADDITIONAL TESTING:** Your LDCT lung screening may find something in the lungs that it detects as possible cancer, when in fact it is not. This is a **false positive**. False positive tests can often cause anxiety. In order to make sure these findings are not cancer, you may need to have more tests done, but only with your approval. Sometimes patients need a procedure, such as a biopsy, that can cause possible problems.

**FINDINGS NOT RELATED TO CANCER:** Your LDCT lung screening exam also takes pictures of parts of your body next to or near your lungs. In a small number of cases (5-10%), the CT scan will show an abnormal finding in the area of your kidneys, adrenal glands, liver, thyroid or other parts of your body. These findings may not be serious. However, you may need further examination. See your doctor to decide if you need more testing.

**ONGOING SCREENING:** The lung cancer screening program decreases the death rate for lung cancer by 20%. However, it is only helpful if you continue to have the LDCT scan done yearly. It is a commitment to your health.

**SMOKING CESSATION:** Smoking is the biggest risk factor for getting lung cancer. If you are ready to quit smoking and decrease that risk, we have tools available to help you. If you have already quit smoking...Keep up the good work!