



# APPALACHIAN REGIONAL HEALTHCARE SYSTEM

## CT Lung Screening/Referral Form

**Fax this completed screening/referral form to  
Callie Crump, Pulmonary Navigator: 828.386.2040**

**The patient must meet ALL of the following elements for eligibility into the  
CT Lung Screening program.**

➤ The patient is between the ages of 55-77 years  Yes  No

➤ Has at least a 30+ pack year smoking history  Yes  No

Packs/day (20 cigarettes/pack): \_\_\_\_\_ x Years smoked: \_\_\_\_\_ = Pack years\*:

\_\_\_\_\_  
\*(Pack year calculator: <http://smokingpackyears.com>)

➤ Is currently smoking or quit within the last 15 years  Yes  No  
If quit, when did the patient stop smoking Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

➤ The patient is asymptomatic of lung cancer  Yes  No

**The patient should not have and is not being treated for any of the following:**

- Significant chest pain
- Unintended weight loss
- Hemoptysis
- Active pneumonia

Provider/Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Need the following:**

Patient Name (please print) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Street address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_ Phone( ) \_\_\_\_\_

Primary Care Provider (for patient screening) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

➤ **Note to patient and/or provider:** The patient will participate in a shared decision making session during which potential risks and benefits of CT lung screening will be discussed. The patient will be informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment should the patient be diagnosed with lung cancer. The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of tobacco cessation counseling services, if applicable.