



CANCER INSTITUTE

Wayne State University

McLAREN FLINT

Lung Cancer Screening Eligibility Form/Physician Order

Ordering Physician: _____ NPI# _____

Physician Signature (Mandatory) _____ Date _____

Primary Care Physician _____

Patient Name: _____

Address: _____

Home Phone: _____

Cell/Alternate Phone: _____

DOB: _____ Gender: FEMALE MALE

Height _____ Weight _____

YES **NO**

- Patient is between the ages of 55 and 77 and are either current smokers or have quit smoking within the last 15 years;
Are you a smoker? ___ Yes ___ No
How many packs of cigarettes, cigars or pipe per day? _____
How many years have you smoked? _____ **How many years since you quit?** _____
*A pack year is defined as twenty cigarettes smoked every day for one year. People who smoke often vary their smoking habits over the years which can make it difficult to create a pack year score.
(This calculator helps to produce a numerical value of lifetime tobacco exposure called pack years
<http://smokingpackyears.com/pda>).*
- Patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence, including the offer of Medicare-covered tobacco cessation counseling services, if applicable.
- Patient is asymptomatic (no symptoms such as: fever, chest pain, new shortness of breath, new or changing cough, coughing up blood, or unexplained significant weight loss)
- Patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability/willingness to undergo diagnosis and treatment.
- Patient has participated in the shared decision making session during which potential risks and benefits of CT lung screening were discussed.

FAX Completed Form to McLaren Imaging Center 810-342-4808

PLEASE PROVIDE A COPY FOR THE PATIENT AND INSTRUCT THEM TO BRING IT TO THE APPT WITH THEM