

LDCT LUNG CANCER SCREENING PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____ Date of Exam: _____

Height: _____ feet, _____ inches Weight: _____ lbs

Smoking Status:

Select One:

- Current Smoker
- Former Smoker
- Never a Smoker
- Not Sure, unknown if ever smoked

Number of packs per day of smoking: _____

Number of years of smoking: _____

Number of years since quit smoking: _____

Did your Medical Provider provide information on how to stop smoking?

- Yes
- No

Any prior history of lung cancer?

- Yes Number of years since prior diagnosis of lung cancer: _____
- No

Select all that apply to your medical history:

- COPD
- Pulmonary Fibrosis
- Emphysema
- Congestive heart failure
- Coronary artery disease
- Peripheral vascular disease
- Cancer other than lung cancer?

Please specify: _____

Patient Signature: _____

Technologist Initials: _____	CTDIvol : _____ (mGy)
DLP: _____ (mGy*cm)	Reconstruction image width, z-axis: _____ (mm)
Scanner: <input type="checkbox"/> Siemens Emotion 16	<input type="checkbox"/> Siemens Perspective 64 <input type="checkbox"/> Siemens Definition 64

Adventist Medical Center, Portland, Oregon

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