

## Lung Cancer Screening CT Eligibility Form

Include this form with your Lung Cancer Screening CT order if you are not ordering through Boston Medical Center's Epic Electronic Medical Record System

Fax this form and Lung Cancer Screening CT order to: 617-414-7891  
AND Call: 617-414-9729, select language, then option 1 to schedule

<b>Patient Name</b>	
<b>Patient Age and Date of Birth</b> (must be age 50-77 for Medicare; age 50-80 for USPSTF)	Age: _____ DOB(MM/DD/YEAR): ____/____/____
<b>Smoking status</b>	<input type="checkbox"/> Current smoker <input type="checkbox"/> Former smoker
If former smoker, years since quitting (must be $\leq$ 15 years)	Years since quitting smoking: _____
<b>Pack years:</b> (packs per day times number of years smoking) (must be $\geq$ 20 for USPSTF)	Pack years of smoking: _____
<b>Asymptomatic: no signs/symptoms of lung cancer</b> (ex: weight loss, hemoptysis) (must be YES) (if NO, order a diagnostic CT scan instead)	<input type="checkbox"/> Yes (asymptomatic) <input type="checkbox"/> No (symptoms) - If NO, order diagnostic CT scan not screening
<b>A shared decision making visit was conducted and documented using a decision aid, which included:</b> 1) Risks/benefits of CT Lung Screening reviewed 2) Patient willing to undergo additional treatment/testing if indicated 3) Importance of adherence to annual screening and smoking cessation (must be YES)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of shared decision making visit: _____
<b>Tobacco cessation/abstinence counseling was provided</b> (must be YES)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the patient pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No