



**Lung Cancer Screening
Shared Decision-Making Visit**

**Wenatchee Valley Hospital Fax: 509-664-7176
Moses Lake Clinic Fax: 509-764-6464**

Screening for Signs & Symptoms of Lung Cancer
Any YES must include comments in the space provided.

- Lung cancer signs or symptoms
 - No signs or symptoms of lung cancer
 - Unintentional weight loss? Yes No
 - Loss of appetite? Yes No
 - Hemoptysis (coughing up blood)? Yes No
 - Nonjoint bone pain? Yes No
 - Pleuritic pain? Yes No
 - Chest pain? Yes No
 - History of abnormal chest x-ray? Yes No
 - Change in cough? Yes No
 - New onset of hoarseness Yes No
 - Unrelenting headache? Yes No
- Comments: _____

Smoking History

- Current Smoker? Yes No
 - Former Smoker? Yes No
 - How old were you when you started smoking? _____
 - Year you quit smoking or today date if you currently smoke _____
 - Average Packs Per Day? _____
 - Pack Year History (ppd x years used) _____
 - Is pack history > 30? Yes No
 - Has it been more than 15 years since quitting? Yes No
- Comments: _____

Smoking Cessation

The most important thing you can do personally to reduce your risk for developing lung cancer is to quit smoking. In fact, quitting smoking now would have an equivalent reduction in your risk of developing lung cancer to seven years of negative screening CT scans. There are many ways to try and quit smoking.

- Are you ready to quit smoking? Yes No
 - Are you thinking about quitting? Yes No
 - Have you quit smoking before? Yes No
 - If you have quit before, what did you use?
 - Bupropion SR Nicotine gum Nicotine inhale
 - Nicotine nasal spray Nicotine patch Varenicline
- Other (Comments): _____

Apply Scheduling Label Here

First Name: _____
Last Name: _____
Date of Birth: _____
History #: _____

Co-morbidities Affecting Life Expectancy Assessment

- Any YES must include comments
- Co-morbidities No co-morbidities
 - COPD Yes No
 - Pulmonary Fibrosis Yes No
 - Coronary Artery Disease Yes No
 - Congestive Heart Failure Yes No
 - Peripheral Vascular Disease Yes No
 - History of Lung Cancer Yes No
 - History of Other Cancer Yes No

Related Cancers:

- Bladder cancer Esophageal cancer
 - Head and neck cancer Lymphoma
- Other (Comments): _____

Additional Risk Factors for Lung Cancer

- Highest Level of Education:
- Refused to answer
 - Grade School (0-8)
 - High School (9-12) or GED
 - Attended College/Technical School
 - Associate/Bachelor Degree
 - Unknown
- Document high level exposure to Industrial Dust Exposure (silica, cadmium, arsenic, Beryllium, nickel) Yes No
- Type of dust exposed to: _____
- Exposure to asbestos? Yes No
- Exposure to Diesel Fumes Yes No
- First degree Relative (parent, sibling, child)with history of lung cancer? Yes No
- Non-first degree relative with history of lung cancer? Yes No
- Second hand smoke exposure? Yes No
- Comments: _____

Provider signature _____

Date: _____