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

Other (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): __________________________________________________

Co-morbidity Affecting Life Expectancy Assessment
Any YES must include comments

- Co-morbidity  □ Yes  □ No
- 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: __________________

G0296- Counseling visit to discuss need for lung cancer screening (LDCT) using low dose C scan