



Lung Cancer Screening Form

Instructions:

- 1. Participant fills out sections I and II, reads and signs the consent form
- 2. Participant sends, faxes or delivers form to Pulido Lung Clinic
- 3. Doctor reviews and authorized further test pending screening results.

I. Participant information

Name, Last _____ First _____ MI _____
 Home address, street _____ Apt _____
 City _____ State _____ ZIP _____
 Home tele # _____ Cell # _____ Work # _____
 Email _____
 Emergency contact _____ Phone # _____
 Birthdate _____ Sex M ___ F ___ Age _____
 Health insurance _____ Primary Care office: _____

II. Lung cancer risk assessment

Are you currently smoking? Yes ___ No ___ If quit: Quit date? _____
 How many years did you smoke? _____ years
 On average, how many packs of cigarettes did you smoke in a day? _____ packs
 Do you, or have you, smoked cigars? Yes ___ No ___ # per day, average _____ Years smoked _____

Additional Risk factors:

Yes ___ Have you ever been diagnosed with COPD, emphysema, or lung fibrosis?
 Yes ___ Have you been treated for lung cancer at least five years ago
 Yes ___ Have your father, mother, sister or brother been diagnosed with lung cancer?
 Yes ___ Have you ever been diagnosed with lymphoma; cancer of the mouth, larynx (voice box), head and neck, bladder, kidney, or esophagus?

Yes ___ Have you ever worked for more than a year in one or more of the following jobs?
 Sandblasting; welding; painting; farming; firefighting; cotton processing; grain milling; foundry or steel milling; hard rock mining; coal mining; chemicals or plastics manufacturing; butchering or meat processing; baking; or asbestos work.

Yes ___ Have you ever worked around or been exposed for more than a year to one or more of the following? Asbestos, radon, silica dust, diesel fumes, arsenic, chromium, beryllium, chromium, or nickel.



III. Physician authorization

Category A ____ Age > 55 (less than 79), >30pk-yrs, if quit, less than 15 years ago

Category B ____ Age > 50 (less than 79), >20 pk-yrs, and one additional risk factor: positive family hx, history of smoking related cancer, Dx of COPD or pulmonary fibrosis, >5yrs out from diagnosis of lung cancer, or high risk occupation or exposure.

Category C ____ Pt does not meet criterion in A or B, but the benefits of screening outweigh risks.

Category D ____ Pt does not meet criteria for screening. The benefit of screening does not outweigh risk.

Physician signature _____ Date _____

Physician printed name _____



**** Participant must read and sign form****

Informed consent for screening, acknowledgement of potential financial risk, and authorization to use your protected health information and contact you in the future

Informed consent for screening

Informed consent is the process by which people can reach an educated decision to participate in a health care test or procedure. No test is perfect. CXR/ CT screening for lung cancer holds the potential to detect lung cancer while it is curable and has been proven to decrease deaths from lung cancer in screened individuals by one fifth. However, like any test or procedure, CXR/CT screening comes with risks. The following risks are known to occur with CXR/CT screening:

-The risk of radiation from the exam

-The risk that the test will be negative but a lung cancer is actually present, also known as a false negative. In other words, the test fails to find a lung cancer that is there. This risk is estimated to be 6-7%

-The risk of a positive test that isn't really a lung cancer. In other words, the test finds something in your lungs that is not cancer. It is far more likely that the CT test will find an abnormality that does not represent lung cancer. The risk of this is that further testing necessary to prove that an abnormal finding may cause harm to you. This risk is estimated to be 0.06%.

-some people may experience anxiety from a positive result.

Acknowledgement

In the event of a positive screening result, it may become necessary for further testing and in a minority of cases, invasive procedures including surgery, in order to make sure a positive test either represents lung cancer or not. These tests are generally covered by most insurance plans but there may be costs to you either in the form of copays, deductibles or other uncovered costs that may be your responsibility.

In the event of a positive screening result, and if you do not have health insurance, the costs of further testing and possible invasive procedures could possibly run into the thousands of dollars.

Authorization for use and release of protected health information

I authorize Pulido Lung Clinic to use and release my protected health information for the purposes of lung cancer screening and follow up. Pulido Lung Clinic may contact me in the future about my health status, smoking status, and further screening. This authorization includes records from my doctors' office, hospitals, and other health care organizations. This authorization will also allow the multidisciplinary screening board to view and classify my screening scan.

Signature _____ Date _____