CT CHEST **"LUNG** SCREEN**ING"** Evaluation Form

The following information is necessary to comply with the federally mandated ICD-10 billing requirements, which takes effective Oct. 1st 2015.

NAME: ____ **Age:** ______ **Weight:** ________ **Date:** __________

1. What was your chief complaint when you visited your doctor? ______________________________________
____
2. Do you currently smoke? **YES** or **NO** # of **Cigarettes** Per Day: _______
3. Have you ever smoked? **YES** or **NO** # of Years Smoked: ________
4. **Are you currently experiencing?**
   a. weight loss? **YES** or **NO**
   b. fever? **YES** or **NO**
   c. bloody cough? **YES** or **NO**
   d. increasing shortness of breath? **YES** or **NO**
   e. chest pain? **YES** or **NO**
   f. Have you had a respiratory infection in the last 12 weeks? **YES** or **NO**
   g. Are you on supplemental oxygen? **YES** or **NO**
   h. Any other symptoms that are associated with your chest? **YES** or **NO**

> **For Office Use Only**
> Technologists: Please initial in the box verifying the patient was given documentation on smoking cessation as per CMS guidelines.
>
> ____________

5. Any **prior surgeries** on your **chest**? **YES or NO**
   Please describe in detail, when and where your surgery was performed? ______________________________
   ____
6. Do you have a history of **cancer**? If yes, please list:
   a. Type(s) of cancer: ______________________________
   b. Diagnosis date(s): ______________________________
   c. Treatments you have completed for it (radiation, chemotherapy): ______________________________
   ____
7. Have you had any other imaging tests done on the body part **we are imaging today**? **YES** or **NO**
   X-Rays? __________________ When & Where? ____
   CT Scan? _________________ When & Where? ____
   *How may CT exams **(of <u>ANY</u> body part)** have you had in the last 12 months? ________________________
   MRI Scan? ________________ When & Where? ____
   Bone Scan? _______________ When & Where? ____
   Ultrasound? ________________ When & Where? ____

~~~~~~

<u>Female Patients Only</u>: Are you pregnant? _______ *If yes, please notify the technologist immediately!*

Updated 4/2/2018
~~~~~~