If you are found to be at moderate or low risk, the screening nurse will discuss your risk factors and follow up with you by phone. Your physician will also be notified by fax or mail.

**Reviewing Physician:**
Please fax completed questionnaire to James E. Cary Cancer Center
Attention: Screening Nurse
Fax #: (573) 406-5860

Any questions about this material or the screening results may be directed to the screening nurse (573) 406-5858 or your physician.

**James E. Cary Cancer Center**
carycancercenter.org
573-406-5800
5985 Hospital Drive,
Hannibal, Missouri 63401
The James E. Cary Cancer Center has partnered with Northeast Missouri Imaging Associates to provide the Lung CT Screening at a discounted rate of $99.

In order to start the process you must complete this brief questionnaire. Your primary care physician will then forward this to the radiation oncology nurse at the James E. Cary Cancer Center. Based on your answers to the questionnaire, the screening nurse will determine if you are at low, moderate, or high risk. You will then be notified of your level of risk. If you are determined to be at high risk you will be offered a low-dose CT scan at the discounted $99.00 rate. Results from the scan will be shared with you and the ordering physician. Any suspicious results will be reviewed by a multidisciplinary group of physicians.

Name: __________________________  Daytime Contact Information: __________________________

What is your current age? ________________

Birth Date ________________________________

What is your gender?
☑ Male  ☐ Female

Do you have a history of smoking?
☑ Yes  ☐ No

Do you currently smoke?
☑ Yes  ☐ No

If you quit, has it been less than 15 years ago?
☑ Yes  ☐ No

What is the total number of years you have smoked?
_____________________________________

How many cigarettes smoked per day?
_____________________________________

Has a doctor ever told you that you had COPD, Emphysema, Bronchitis, or Pneumonia?
☑ Yes  ☐ No

Have you ever had any type of cancer (excluding basal or squamous cell skin cancer)
☑ Yes  ☐ No

If yes, which one(s): _________________________

Have any of your immediate family (parents, siblings or children) had lung cancer?
☑ Yes  ☐ No

Have you had prolonged exposure to second hand smoke?
☑ Yes  ☐ No

If yes, explain: _________________________

Please check below any new respiratory symptoms that have appeared in the past 6 months:
☐ cough  ☐ shortness of breath
☐ wheezing  ☐ coughing up blood

You may have exposure to especially hazardous chemicals if you have been engaged in any of the following occupations. Please mark any that apply:
☐ asbestos worker  ☐ bartender
☐ ceramic worker  ☐ chemist
☐ glass worker  ☐ manufacturing
☐ painter  ☐ drywall
☐ printer  ☐ masonry worker
☐ metal worker  ☐ sandblasting
☐ truck driving  ☐ uranium mining

To your knowledge have you been exposed to radon, silica, caninium, asbestos, arsenic, beryllium, chromium, diesel fumes, or nickel?
☑ Yes  ☐ No

Physician Reviewed

Date:

References: JNCCN-Journal of the National Comprehensive Cancer Network/Volume 10 Number 2/February 2012; National Comprehensive Center Network (NCCN), Lung Cancer Screening.