Background	Form?				
Visit date 3					
(DD/Mmm/YYYY) Date of Birth (DD/Mmm/YYYY	n		,	Age	
Occupation () (If retired, also indicate prev	vious occupation)			Occupation Code 🕡 -	V
Sex) м O ғ	ı	Height O in W	/eight Obs BMI O by Rg
Ethnicity	-	~		Race 0 -	Other (specify)
Level of Education	_		× 5	Served in the military? O	no O yes. If yes, what branch:
Ordering Info	rmation				
		undergoing a screening exam			yest of the questions in this section are entired.
Ordering Practitioner First		patient (CPT code G0297)?	O no O yes	Last name	rest of the questions in this section are optional)
NPI				Search	
Ordering practitioner repo			O no O yes (sha		ired for reimbursement for G0297 exams on baseline only)
Ordering practitioner repo			(anh. res	quired for former smokers)	
Ordering practitioner repo			O no O yes	quired for former smokers)	
Clinical information (information will be copied to	o CT roport)				
(information will be copied to	в ст герогс)				d
Medical Cond	itions 🛭				
Family history of lung	O no O yes O		O no O yes		
cancer? Any Cancer	O no O yes	Siblings	? O no O yes		Primary site?
Asthma	O no O yes		current treatment?	no O yes	Filling Sites
Emphysema or Chronic Bronchitis(COPD)?	O no O yes	O? When?	(YYYY)		
High Blood Pressure	O no O yes	O? Treater	d? ○ no ○ yes	Since When? (YYYY)	Highest Value?
High Cholesterol Had an angioplasty or	O no O yes		d? O no O yes		Where treated?
Stent?	O no O yes		(YYYY)		Where treated?
Stroke	O no O yes	O ? When?	(YYYY)		Where treated?
Peripheral Vascular Disease (Poor Circulation)	O no O yes	O ?			
Diabetes	O no O yes		g at what age?		Treated? ○ no ○ yes
Liver Disease Kidney (Renal) Disease	O no O yes		Moderate/Severe Moderate/Severe		
cough producing bloody	material	e of lung cancer? 🕡 🔾 no	o yes (check all tha	at apply)	
unexplained weight loss unexplained hoarseness other (specify)					
When did you most recentl	y have a chest CT?	- v If	so, where was the to	est done?	
Pulmonary Function Te	st Data				
	ary function test wit	thin the last five years? O	no O yes		
(Values are not required) FEV1 (L/s) FVC (L) FEV1/FV0	C (%) Diffusion Capa	ncity (mL/min/mm Hg)		
Occupational	-	asbestos? ② ○ no ○ yes	_		
		asbestos p	product manufacturing	g auto repair cal industry/foundary/refiner	v
Have you ever worked in a	iny of the following?	□ constructio	on/demolition 🔲 mini	ng 🗆 nuclear industry	e, chemical/radiation exposure)
		If other, speci	ify		
Tobacco Use	•				
Have you smoked at least	100 cigarettes in yo	ur lifetime? (100 cigarettes If no, were you exposed		O no O yes	
About how old were you w	hen you first started		e "Secondhand Tobacc	co Smoke Exposure" section.	
Over the past month, have If yes, skip to "Currer				O no O yes	
	it Cidarette Smoker i	1		_ ,,	
If no, when was the	-	garette (DD/Mmm/YYYY)?	•		
	date of your last ci				and a / Ann. (DDD) 7 Tabal Dade Varie
Former Cigarette Smol	e date of your last ci	garette (DD/Mmm/YYYY)?	nputed from quit date	- V - V	packs/day (PPD) Total Pack-Years 1 cig / day = 0.05 2-3 cig / day = 0.10
Former Cigarette Smol	If no, num cer on approximately ho	garette (DD/Mmm/YYYY)?	nputed from quit date	- v - v - v a):	1 cig / day = 0.05
Former Cigarette Smol	If no, num Ker on approximately he moke, approximately	garette (DD/Mmm/YYYY)? ber of years since quit (con ow many days per week did y how many packs of cigaret	nputed from quit date	- v - v - v a):	1 cig / day = 0.05 2-3 cig / day = 0.10 4 cig / day = 0.20 5 cig / day = 0.25
Former Cigarette Smol When you were a smoker, On the days that you did si	If no, num SET 3 on approximately he moke, approximately ny years did you sm	garette (DD/Mmm/YYYY)? ber of years since quit (con ow many days per week did y how many packs of cigaret	nputed from quit date	- v - v - v a):	1 cig / day = 0.05 2-3 cig / day = 0.10 4 cig / day = 0.20 5 cig / day = 0.25 10 cig / day = 0.50 15 cig / day = 0.75
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Former Cigarette Smoker, On the days that you did so For approximately how ma Current Cigarette Smo On average, on how many On average, how many page	If no, num Ker on approximately he moke, approximately ny years did you sm ker days per week do ye.	garette (DD/Mmm/YYYY)? ther of years since quit (compose many days per week did y how many packs of cigaret toke this amount?	you smoke cigarette ttes did you smoke p	- v - v - v a):	1 cig / day = 0.05 2-3 cig / day = 0.10 4 cig / day = 0.20 5 cig / day = 0.25 10 cig / day = 0.50 15 cig / day = 0.75
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