



C S F 0 0 2

CT Lung Screening Decision Making Tool

Name _____		DOB _____	
Packs/day (20cigs in a pack): _____	Years smoked _____	Pk/years _____	(Pk/day x years smoked)
Currently smoking	Y N	If not smoking, year quit _____	

By signing this, you are certifying that the patient is:

- Age 55-77
- Asymptomatic for signs and symptoms of lung cancer
- 30pk year history of smoking
- Current smoker or one who has quit within the last 15 years
- The patient has participated in shared decision making including:
 - Benefits of screening
 - Identifies suspicious findings for lung cancer.
 - Risks of screening
 - False positives/additional testing: LDCT often finds something in the lung that could be cancer but is not. These tests can cause anxiety and on some occasions lead to invasive procedures such as biopsy to further determine whether a finding is a cancer.
 - False negatives: it is possible to have a medical condition including lung cancer that is not found during your exam.
 - Radiation exposure: LDCT uses radiation to create images of your lungs. Radiation can increase the risk of cancer. By using special techniques, the amount of radiation is small, similar to a mammogram.
 - Over-diagnosis: Finding cases of cancer with a screening test that will never cause any symptoms. These cancers may just stop growing or go away on their own. Some of the harms caused by overdiagnosis are anxiety and having treatments that are not needed.
- The patient was informed of the importance of adherence to annual screening, impact of comorbidities, and ability to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/ or maintaining smoking abstinence.

Patient will be contacted by the Oncology Nurse Navigator of LDCT Lung scan results. If follow up care is indicated, please select which pulmonologist to notify of LDCT Lung Clinic results/recommendations:

- _____ Methodist Lung Clinic
- _____ Methodist Jennie Edmundson Lung Clinic

- _____ Dr. Mukherjee
- _____ Dr. Southard
- _____ Other _____

Provider Signature _____

Date/Time: _____

Fax form to: Methodist Jennie Edmundson 712-396-7944 or Methodist Estabrook Cancer Center 402-354-5079

Scan form into patient office episode for documentation of screening visit.

Patient Label

NAME: _____ DOB: _____

FIN: _____ MRN: _____

PERMANENT PART OF MEDICAL RECORD