



Saint Luke's Health System

Saint Luke's Cancer Institute Lung Cancer Screening Form

Patient Information

Name: _____ DOB: _____ Age: _____

Best phone: _____

Packs smoked per day: _____ x Number of years smoked: _____ = Pack years: _____

Is the patient a current smoker or former smoker? Current Smoker Former Smoker

How many years since patient quit smoking? (must be less than or equal to 15 years): _____

The patient is asymptomatic (no signs or symptoms of lung cancer). Yes No

Is this an annual or baseline screening exam? Annual Baseline

The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence. Yes No

The patient has participated in a shared decision-making session, which included the potential risks and benefits of low-dose CT lung cancer screening. (shouldiscreen.com). Yes No

Does the patient meet the clinical eligibility criteria for Lung Screening? Yes No

Referral Information

Referring provider: _____ NPI number: _____

Referral date: _____ Phone: _____ Fax: _____

Office address: _____

City: _____ State: _____ Zip: _____

Order CT lung cancer screening Initial Repeat Follow-up

Diagnosis: Screening for malignant neoplasm of respiratory organs Other: _____

Preferred Location

Saint Luke's Hospital
Scheduling: 816-932-6800

Saint Luke's North Hospital
Scheduling: 816-880-6565

Saint Luke's East Hospital
Scheduling: 816-347-5700

Saint Luke's South Hospital
Scheduling: 913-317-7890

By signing below, I agree that:

- The patient has participated in a shared decision-making session, which included the potential risks and benefits of low-dose computed tomography lung cancer screening.
- I've discussed the importance of adherence to an annual screening, the impact of comorbidities, and the ability/willingness to undergo diagnosis and treatment.
- The patient was informed of the importance of smoking cessation and/or maintaining smoking abstinence.
- The patient is asymptomatic.
- The patient is between the ages of 55-77 for Medicare coverage or 55-80 for private insurance coverage.
- The patient's last chest CT scan was more than one year ago.
- The patient has smoked within the past 15 years.

Provider Signature: _____ Date: _____ Time: _____

Please fax this order and insurance card to preferred location. Please see phone and fax numbers on the reverse.

How did you hear about us? Patient request Saint Luke's website Television/radio Other

Patient Label:

Saint Luke's Health System

**Saint Luke's Cancer Institute
Lung Cancer Screening Form**

Locations

Saint Luke's Hospital of Kansas City

4401 Wornall Road
Kansas City, MO 64111
Scheduling: 816-932-6800
Info: 816-932-2549
Fax: 816-561-3740

Saint Luke's North Hospital

5830 N.W. Barry Road
Kansas City, MO 64154
Scheduling: 816-880-6565
Info: 816-880-6025
Fax: 816-532-7398

Saint Luke's East Hospital

100 N.E. Saint Luke's Blvd. Lee's Summit, MO 64086
Scheduling: 816-347-5700
Info: 816-347-4970
Fax: 816-347-4923

Saint Luke's South Hospital

12300 Metcalf Ave. Overland Park, KS 66213
Scheduling: 913-317-7890
Info: 913-317-7678
Fax: 913-317-3906

Patient Label: