



Carolinas Imaging Services

LUNG CT SCREENING PATIENT QUESTIONNAIRE

PATIENT IDENTIFICATION

Name: _____ Date of Exam: _____
 Address: _____ DOB: _____
 City: _____ State: _____ Zip: _____ Age: _____
 Phone: (Home) _____ Work: _____ Soc Sec.: _____
 Doctor's Phone: (If Known) _____
 Location: _____

PREVIOUS EVALUATION OF YOUR LUNGS

Why are you having this scan? _____

Have you had: *(Please check all that apply)*

Previous CT (CAT) Scan of the chest

When? _____ Where? _____

Pulmonary Function Test (Breathing Capacity Test)

When? _____ Where? _____

MEDICAL HISTORY

Have you had any of the following: *(Please check all that apply)*

Cancer (any form). Type: _____

Lung Nodule or "Spot". How was it evaluated? _____

Tuberculosis (TB)

Granulomas Disease or Fungal Disease

Emphysema or COPD

Chronic Bronchitis

Asthma

Pneumonia. When? _____

Surgery in the chest. Type: _____

Please explain any of the above if necessary:

RISK FACTORS FOR LUNG CANCER

SMOKING HISTORY

Check here if you have never smoked

If non smoker, have you had significant exposure to "second hand" smoke (living with a smoker)

Yes No

Details: _____

Check here if you are, or have been a smoker. Age Started: _____

Still smoking: Yes No Stopped Age: _____

Any significant period (greater than 2 years) when you stopped smoking?

Yes, Details: _____

Average Packs Per Day You Have Smoked: _____ Packs

Usually smoke: Filtered Unfiltered

I smoked cigars, not cigarettes.

I smoked a pipe, not cigarettes.

ASBESTOS HISTORY

I am not aware of any significant exposure to asbestos.

I have been exposed to asbestos at work.

Type of work: _____ Years involved: _____

I have handled/laundered clothing containing asbestos fibers.

Details: _____

FAMILY HISTORY

Have any members of your close family had lung cancer? Yes No

Details: _____

CURRENT OR RECENT SYMPTOMS

Have you had chronic cough? Yes No

Do you cough up any phlegm? Yes No

Have you coughed up any blood? Yes No

Shortness of breath or wheezing? Yes No

Fever or night sweats? Yes No

Is there any additional information about your medical history that you would like to tell us, that may assist us in interpreting your lung CT Scan?

