



Australian Government

**NATIONAL
LUNG CANCER
SCREENING
PROGRAM**



NATIONAL LUNG CANCER SCREENING PROGRAM IMAGING REQUEST

The low dose CT (LDCT) scan is fully funded under Medicare however your doctor may charge a consultation fee for the request and any follow up required.

PATIENT DETAILS (or affix label)		
Patient Name:	DOB:	Phone:
Address:		
Medicare Number:		
Aboriginal/Torres Strait Islander Origin: <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to answer		
CLINICAL INFORMATION		
<input type="checkbox"/> This patient meets the eligibility criteria of the National Lung Cancer Screening Program		
Type of screening test: <input type="checkbox"/> 2 yearly scan: <i>New participant</i> <input type="checkbox"/> OR <i>Participant returning for two-year scan</i> OR <input type="checkbox"/> Interval scan to monitor previous findings (1, 2, 3, 6 or 12 month interval scan as determined in previous NLCSP LDCT report)		
<input type="checkbox"/> Any previous Chest CT (if known) Date: _____ Radiology provider/location: (if known) _____		
<input type="checkbox"/> Family history of lung cancer in a first-degree relatives (only required for first/baseline LDCT) <i>(First-degree relatives include parents, siblings or children)</i>		
<input type="checkbox"/> History of any cancer (if yes, provide details) _____		
Additional clinical / other notes, if required		
REQUESTING PRACTITIONER (or affix label)		
Name:	Provider Number:	
Phone:	Address:	
Fax:		
Signature:	Date:	
Send copy to:		

Your personal information, including results of low dose CT scans and other CT imaging completed for the purposes of screening as part of the NLCSP, may be shared between your treating healthcare providers for the purposes of the NLCSP. For example, if you attend different radiology providers for your first low-dose CT scan and your second low-dose CT scan, the first radiology provider may disclose your low-dose CT images to the second radiology provider to facilitate comparison of the results of the two low-dose CT scans. By participating in the NLCSP, you consent to the use of your personal information by healthcare providers, specialists and radiologists, for the purposes of the program, and the disclosure and collection of your personal information between healthcare providers, specialists and radiologists for the purposes of the program.