

P: 425.656.5550 ■ F: 425.656.5552 ■ www.vrads.com ■ www.valleymed.org

PATIENT NAME: _____

DOB: _____ M F

1. Smoking Status

Select one:

- Current smoker Former smoker Never smoker
 Smoker, current status unknown
 Unknown if ever smoked

Number of pack-years of smoking: _____

Number of years since quit: _____

2. Did physician provide
smoking cessation guidance
to patient?

- No Yes Unknown

3. Is there documentation
of shared decision making?

- No Yes Unknown

4. Patient's Height / Weight

_____/_____
(height/inches) (weight/pounds)

5. Other comorbidities listed
on patient record that limit
life expectancy:

Select all that apply:

- COPD Pulmonary fibrosis Emphysema
 Coronary artery disease Congestive heart failure
 Peripheral vascular disease Lung cancer
 Cancer other than lung cancer
 Other, please specify: _____

6. Cancer related history
Select all that apply:

Select all that apply:

- Prior history of lung cancer Lymphoma
 H&N cancer Bladder cancer
 Esophageal cancer Pulmonary fibrosis
 Other cancer, please specify:
 OTHER

Please fax this lung screen supplemental form in addition to the
general imaging order form to 425.656.5552.