

Northern Health

Northern Hospital Epping Broadmeadows Hospital Bundoora Centre Kilmore District Hospital Craigieburn Centre



<AFFIX PATIENT IDENTIFICATION LABEL HERE>

Full Name:			Imaging Request				
DOB:	Sex:		P: (03) 8405 9600 E: niv.reception@nh.org.au				
address:			Appointment Date & Time (NIV Use Only):				
Phone/Mobile:	Medicare:		lut				
Aboriginal/Torres Strait Islander orig	in:		Interpreter required?				
	Aboriginal						
☐ Prefer not to answer ☐ Yes,	both Aboriginal and Torres Strait Isla	nder					
	Clinical Inforr	nation					
☐ This patient meets the eligibili	ty criteria of the National Lung Sc	reening Program					
Type of screening test: ☐ New NLCSP participant: Is there a family history of lung or	cancer? (parents, siblings or children) Pes 🗆	No				
☐ Routine screening following price	or very low risk NLCSP LCDT scan	Date scan re	equired:				
or ☐ Interval Scan to monitor previou ☐ 1 month interval ☐ 2 mo	us findings (select one) nth interval	□6 month interv	, ,				
☐ Any previous chest CT							
Date (if known):	Radiology provider/ lo	ocation (if known):					
☐ History of any cancer and / or o	ther significant history (if yes, please	provide details)					
□ Details of any previous NLCSP C	catagony F/6 outcomes						
☐ Details of any previous NLCSP C	ategory 5/6 outcomes.						
Requesting Doctor (All fields	MUST be completed)						
Requestor: ☐ GP/ Other Specialist	☐ Registrar ☐ HMO /Intern	☐ Nurse Practitio	ner Copy Results to:				
Full name: Contact: TreatingConsultant: (hospital or nurse requests) Treating Unit/Specialty: (hospital or nurse requests)	Provider no:						
Signature:	Date:						

Please contact our team on (03) 8405 9600 if you require digital access to images and results

Northern Imaging VICTORIA Northern Health	X-ray	Ultrasound	CT	MRI	Mammography	Nuclear Med.	PET/CT Scan	OPG	Fluoroscopy	Angiography
Northern Hospital Epping 185 Cooper Street, Epping Ph: (03) 8405 9600	•	•	•	•	•	•	•	•	•	•
Broadmeadows Hospital 35 Johnstone Street, Broadmeadows Ph: (03) 8345 5707		•	•	•						
Bundoora Centre 1231 Plenty Road, Bundoora Ph: (03) 9495 3100 Inpatient services only	•									
Kilmore District Hospital 1 Anderson Road, Kilmore Ph: (03) 5734 2146	•	•	•							
Craigieburn Centre 121 Lygon Drive, Craigieburn Opening the 29th of September 2025	•	•	•							

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Patient identification & procedure matching	Patient Pregnancy & Breastfeeding Checklist				
☐ Full name ☐ D.O.B. ☐ Address	Pregnancy Status: □ Y □ N				
Correct examination: $\square Y \square N$	Gestational age:				
Correct side / site: $\square Y \square N \square N/A$	LMP:				
☐ Ward / Staff / Relative assisted with patient identification	Breastfeeding: $\square Y \square N \square N/A$				
The following processes have been confirmed prior to commencing: ☐ Justification ☐ Optimisation ☐ Approval ☐ Consent	Patient signature:				
Name & Position: Signature:					
Technologist notes					

Eligibility Criteria

Eligibility for the NLCSP includes participants who are 50-70 years old, currently smoking or quit within 10 years, having a history of at least 30 pack-years, and no signs or symptoms of lung cancer.

If diagnostic chest CT has been performed for other reasons in the last 12 months, or is booked in the next 3 months, defer start of screening until 12 months from that scan. Refer to the NLCSP Program Guidelines for full details.