

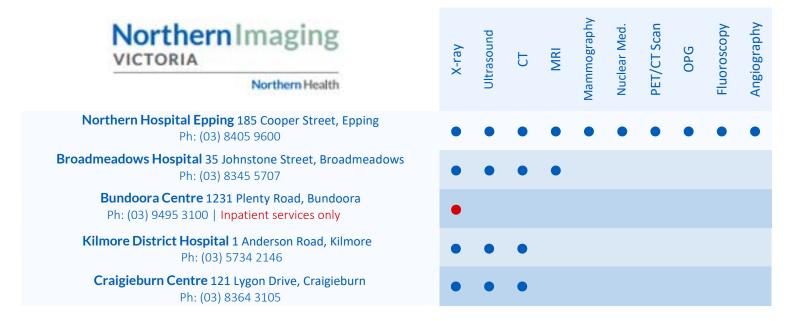


Medical Imaging Request

P: see page 2 for list | E: niv.reception@nh.org.au

Ful	l Name:					
D.O.B.		Sex:				
Address:				Appointment Date & Time (NIV Use Only):		
Phone/Mobile:		Medicare:		Interpreter required?		
Aboriginal/Torres Strait Islander origin:				Interpreter required? Yes No Language requested:		
			s Strait Islander			
	Prefer not to answer Yes, both Ab	original and Torres Strait Islander				
Clinical Information						
Eligibility for Lung Cancer Screening. Is your patient:			If a diagnostic chest CT has been performed for other reasons in the last 12 months, or is booked in the next 3-months, defer start start of screening until			
	0 –70 years and Surrently smoking or quit within 10 years and History of 30 or more pack-years and Ho signs or symptoms of lung cancer		12 months from that scan.			
			If recent symptomatic lung infection, defer screening for 3 months from symptom resolution. Refer to the <u>NLCSP guidelines</u> for full details.			
Type of screening						
	New NLCSP participant: Is there a family history of lung cancer? (parents, siblings or children) □ Yes □ No or					
	Interval Scan to monitor previous finding ☐ 1-month interval ☐ 2-month inter	· · · · · · · · · · · · · · · · · · ·	erval			
Relevant Medical History						
Previous Chest CT (if applicable):		Radiology provide	ider/ location (if known):			
	ce (if known)					
☐ History of any cancer and / or other significant history (if yes, please provide details)						
	□ Details of any previous NLCSP Category 5/6 outcomes:					
Requesting Doctor (All fields MUST be completed)						
Requestor: ☐ GP/ Other Specialist ☐ Registrar ☐ HMO /Inte		tern 🔲 Nurse Practi	itioner Copy Results to:			
Fullname: Contact:		Providerno:				
FreatingConsultant: (hospital or nurse requests) FreatingUnit/Specialty: (hospital or nurse requests)						
Signature:		Date:				

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



Diagnostic Imaging Use Only						
Patient identification & procedure matching	Patient Pregnancy & Breastfeeding Checklist					
☐ Full name ☐ D.O.B. ☐ Address	Pregnancy Status: ☐ Y ☐ N					
Correct examination: □ Y □ N	Gestational age:					
Correct side / site: □ Y □ N □ 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 Name & Position: Signature:	Patient 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.