Medical Imaging Request

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

Full Name:

D.O.B. **Sex:**

Address:

Phone/Mobile: **Medicare:**

Appointment Date & Time (**NIV Use Only**):

Interpreter required? ☐ Yes ☐ No

Language requested:

Aboriginal/Torres Strait Islander origin:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

☐ Prefer not to answer ☐ Yes, both Aboriginal and Torres Strait Islander

Clinical Information

Eligibility for Lung Cancer Screening. Is your patient:

☐ 50 –70 years **and**
☐ Currently smoking or quit within 10 years **and**
☐ History of 30 or more pack-years **and**
☐ No signs or symptoms of lung cancer

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 12 months** from that scan.

If recent symptomatic lung infection, **defer screening for 3 months from symptom resolution. Refer to the NLCSP guidelines** for full details.

Type of screening

☐ **New NLCSP participant:**
Is there a family history of lung cancer? (parents, siblings or children) ☐ Yes ☐ No

or

☐ **Routine (Category 1, 24-month) screening** following low risk NLCSP LCDT **Date scan required:**

or

☐ **Interval Scan** to monitor previous findings (select one)
☐ 1-month interval ☐ 2-month interval ☐ 3-month interval ☐ 6-month interval ☐ 12-month interval (as per LDCT report)
Date scan required:

Relevant Medical History

☐ **Previous Chest CT** (if applicable):

Date (if known) **Radiology provider/ location (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 /Intern ☐ Nurse Practitioner

Copy Results to: ☐

Fullname: **Providerno:**

Contact:

TreatingConsultant:
(hospital or nurse requests)

TreatingUnit/Specialty:
(hospital or nurse requests)

Signature: **Date:**

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

Your doctor has recommended you to use **Northern Imaging Victoria.**
Please discuss with your doctor before choosing a different imaging provider.

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 Ph: (03) 8364 3105	●	●	●							

Diagnostic Imaging Use Only

Patient identification & procedure matching

☐ Full name ☐ D.O.B. ☐ Address

Correct examination: ☐ Y ☐ N

Correct side / site: ☐ Y ☐ N ☐ N/A

☐ Ward / Staff / Relative assisted with patient identification

The following processes have been confirmed prior to commencing:
☐ Justification ☐ Optimisation ☐ Approval ☐ Consent

Name & Position: **Signature:**

Patient Pregnancy & Breastfeeding Checklist

Pregnancy Status: ☐ Y ☐ N

Gestational age: .....

LMP: .....

Breastfeeding: ☐ Y ☐ N ☐ N/A

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.

Your doctor has recommended you to use **Northern Imaging Victoria.**
Please discuss with your doctor before choosing a different imaging provider.