

Full Name:
Date of Birth:
Sex:
Address:
Contact: Home: Mobile: Email:
Medicare:
Aboriginal/Torres Strait Islander origin? ☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Prefer not to say

Appointment Date & Time

Interpreter required?

☐ Yes ☐ No

Language requested:

.....

Clinical Information

Eligibility for Lung Cancer Screening. Is your patient...

- ☐ 50 – 70 years old **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 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:**

Family history of lung cancer? (parents, siblings or children) ☐ Yes ☐ No

☐ **Routine (Category 1, 24-month) screening** following prior very low risk NLCSP LDCT scan

Date scan required:

☐ **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**

History of any cancer and/or other significant history:

Details of any previous NLCSP Category 5/6 outcomes:

Requesting Doctor (ALL fields must be completed)

☐ GP/Other Specialist ☐ Registrar ☐ HMO/Intern ☐ Nurse Practitioner

Referrer Name:

Provider no:

Practice address:

Phone:

Fax:

Signature:

Date:

CC Results to:

Please contact our team on (03) 8405 9600 if you require digital access to images and results.
To book, please email this request to niv.reception@nh.org.au or call (03) 8405 9600

Northern Imaging Victoria Service location guide

	X-ray	Ultrasound	CT	MRI	Mammography	Nuclear Med.	PET-CT	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 (Inpatient services only) 1231 Plenty Road, Bundoora Ph: (03) 9495 3100	●									
Kilmore District Hospital Rutledge Street, Kilmore Ph: (03) 5734 2146	●	●	●							
Craigieburn Community Hospital 121 Lygon Drive, Craigieburn Ph: (03) 8364 3105	●	●	●							

For more information about other radiology services at Northern Health visit niv.org.au

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

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

Complete before commencing exam:

☐ 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