

# Patient Lung Screening Form

DATE: \_\_\_\_\_

PATIENT LABEL

## PATIENT INFORMATION

Legal Name: \_\_\_\_\_  Male  Female  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Primary Care Provider (PCP): \_\_\_\_\_  
 What medical group is your PCP with? \_\_\_\_\_  
 How did you hear about the Lung Center? PCP Newsprint Radio Hospital Advertising Other \_\_\_\_\_

## INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Policy holder's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Relationship to patient: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Policy holder's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Relationship to patient: \_\_\_\_\_

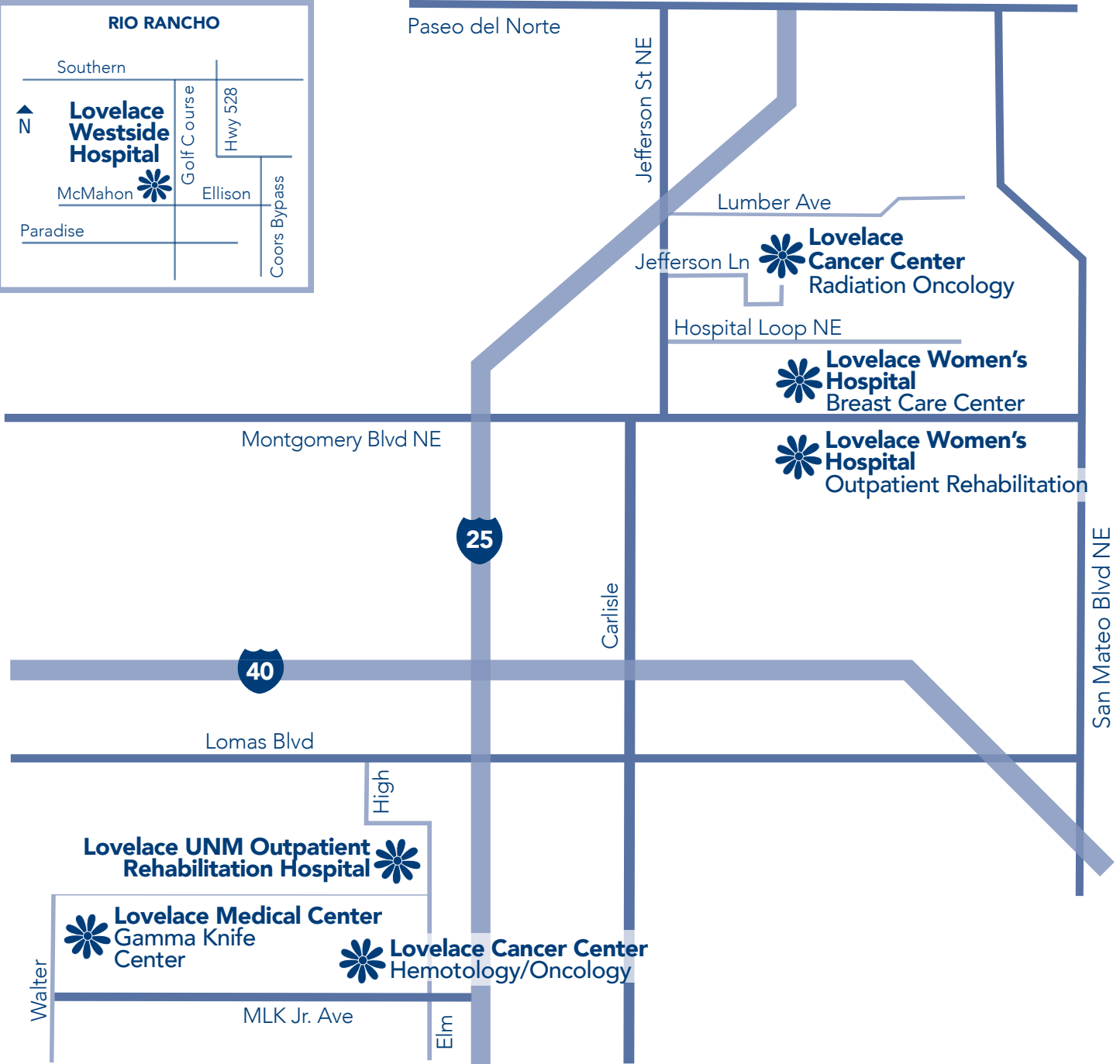
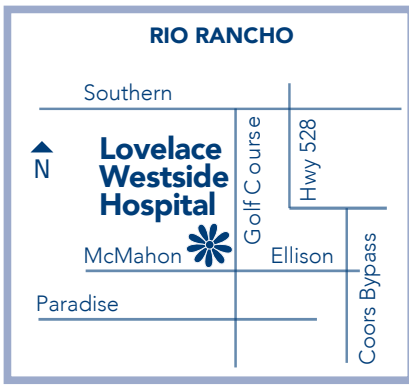
## PATIENT HISTORY

Have you ever been diagnosed with lung cancer? Yes No  
 Tobacco Use:  currently smoke cigarettes  currently smoke a pipe or cigar  currently chew tobacco  
 previously smoked tobacco  previously chewed tobacco  No tobacco use  
 How long have you been smoking? \_\_\_\_\_ How many packs per day? \_\_\_\_\_  
 If you quit, how long ago? still currently smoking less than 1yr ago within the last 1-5 yrs  
within the last 6-10 yrs within the last 11-15 yrs more than 15 yrs ago  
 Please check any of the following symptoms you have experienced in the last 3 months:  
cough painful breathing wheezing trouble breathing  
abnormal weight loss shortness of breath cough up blood

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Care Coordinator Signature: \_\_\_\_\_





## cancer center locations

### Lovelace Cancer Center, Radiation Oncology

4650 Jefferson Ln NE  
Albuquerque, NM 87109

### Lovlace Cancer Center, Hemotology/Oncology

715 Dr Martin Luther King Jr Ave NE #102  
Albuquerque, NM 87102

### Lovelace Medical Center, Gamma Knife Center

601 Dr Martin Luther King Jr Ave NE  
Albuquerque, NM 87102

### Lovelace Westside Hospital

10501 Golf Course Rd NW  
Albuquerque, NM 87114

### Lovelace Women's Hospital, Breast Care Center

4701 Montgomery Blvd NE  
Albuquerque, NM 87109



Lovelace  
Cancer Center

lovelacecancercenter.com

727.7000