

Date: _____

Lung Cancer Screening Program – Cancer Screening and Navigation Intake Form

Part 1: Eligibility Screening

Eligibility (basic demographics, previous screenings and preventative services, personal/family history of cancer)

Age _____ Preferred care area: ☐ Bkln ☐ Qns ☐ Manhattan ☐ LI ☐ SI

Smoking Status: ☐ Current ☐ Former (Quit Year _____) ☐ Never Smoker

Smoking History: #packs per day _____ # years smoking _____

Eligible for Screening ☐ Yes ☐ No (Complete Part 2)

Have you ever had a Chest imaging? ☐ Yes ☐ No If yes, what type?

☐ CT Scan ☐ X-ray ☐ Don't Know Date of scan _____

Have you ever been diagnosed with any type of cancer? ☐ Yes ☐ No

When _____ Type of cancer _____

Part 2: Contact Info

Last name: _____ First name _____ MI _____

Pronouns: ☐ She/her/hers ☐ He/ him/his ☐ They/them/theirs ☐ other: _____

Date of Birth: ____/____/____

Home Phone: _____ Cell Phone: _____

May we text you on your Cell Phone: ☐ Yes ☐ No May we leave a voice message? ☐ Yes ☐ No

Preferred Language _____

Do you have a primary care provider? ☐ Yes ☐ No ☐ Don't Know

Primary Care Provider _____ Phone # _____

Do you have Medical Insurance? ☐ Yes ☐ No ☐ Don't Know

Would you like to receive information about cancer prevention programs, services and research? ☐ Yes ☐ No

If yes, what type? ☐ Breast ☐ Cervical ☐ Colorectal ☐ Lung ☐ Prostate ☐ Stomach ☐ Liver
☐ Pancreatic ☐ Skin ☐ Other _____

Would you like to be contacted for participation research studies and surveys? ☐ Yes ☐ No

Do you have female non-smokers in your household who would be interested in a lung cancer screening study?

☐ Yes ☐ No

Eligibility Criteria:

Current or former smoker

Smoked at least 20 pack years

If former, quit within past 15 years

Last chest CT scan at least 12 months ago