



# REAGAN DIAGNOSTICS

2878 Five Forks Trickum Rd, Suite 1A, Lawrenceville, GA 30044

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## CT LUNG SCREENING QUESTIONNAIRE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  Male  Female

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Cell  home

Dx/Reason for test: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Are you on medication for Lung Problems  Yes  No

Are you a smoker?  Yes  No

Packs per day? \_\_\_\_\_

How long? \_\_\_\_\_

Former Smoker?  Yes  No

How long? \_\_\_\_\_

Lung History (any chest pain, cough, etc)?  Yes  No

Family Lung or breathing history ?  Yes  No

Any history of cancer in **your** body?  Yes  No

Any surgeries on your chest area?  Yes  No

Your lung screen scan will take just a few minutes. There are no injections or contrast used. We will assist you to the CT scan table and take 3 sets of pictures. A board-certified Radiologist will review the images and produce a detailed report which will be mailed to you and your physician. Please follow-up with your physician to review final results. If you need to reach the CT department please call us at the number above.

\_\_\_\_\_  
Technologist Signature & Name

\_\_\_\_\_  
Date