

## MOBILE IMAGING REFERRAL

### PATIENT DETAILS

Title: Mr / Mrs / Miss / Mstr / Other \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ First Name: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Does the patient identify as Aboriginal and/or Torres Strait Islander:

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

### CONTACT DETAILS

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### REFERRING PRACTITIONER DETAILS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Address: \_\_\_\_\_

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

### IMAGING REQUEST

CT | Specify region \_\_\_\_\_

CXR

ECHO

#### Eligibility

Yes  No

#### Screening required

2 yearly scan for a **New Participant**

2 yearly scan for a **Returning Participant**

Interval scan  1 month  2 month  3 month  6 month  12 month (as determined in previous NLCSP LDCT report)

#### History

Any previous chest CT  Yes (If yes, please provide details below)  No  Unknown

Date (if known): \_\_\_\_\_ Radiology provider/location (if known): \_\_\_\_\_

Any family history of heart disease in first-degree relatives

Any other cancer history  Yes (If yes, please provide details below)  No  Unknown

Details: \_\_\_\_\_

### ADDITIONAL CLINICAL NOTES

Your personal information, including results of Echo, low dose CT scans and other imaging completed for the purposes of screening as part of the NLCSP, may be shared between your treating healthcare providers for the purposes of the NLCSP. For example, if you attend different radiology providers for your first low-dose CT scan and your second low-dose CT scan, the first radiology provider may disclose your low-dose CT or Echo images to the second radiology provider to facilitate comparison of the results of the two low-dose CT scans. By participating in the NLCSP, you consent to the use of your personal information by healthcare providers, specialists and radiologists, for the purposes of the program, and the disclosure and collection of your personal information between healthcare providers, specialists and radiologists for the purposes of the program.