B.C. Lung Screen Trial Referral Form

Fax Number: 604-675-8098

Surname:_____ **First Name(s)**:_____ **Gender:** ☐ M ☐ F

Birth Date: _____/_____/_____ **Age**:_____ yrs **PHN:**_____
Day / Month / Year

Current Height:_____ ☐ inches (OR) _____ ☐ cm **Current Weight**:_____ ☐ lbs (OR) _____ ☐ kg

Mailing Address:_____ **Email**: _____

_____

Daytime Phone: (_____)_____ **Alternate phone**: (_____)_____

Note: The information you provide is very important but, you may refuse to answer any question(s) you find inappropriate

1) **Doctor**:_____**MSP#**_____ **Phone**:_____

Doctor Address:_____ **Fax**: _____

2) What ethnicity do you consider yourself to be?

☐ Aboriginal (e.g. First Nations, Métis, Inuit)	☐ Latin American/Hispanic
☐ Middle Eastern (e.g. Turkey, Iran, Afghanistan, Egypt, Iraq, Jordan, Lebanon)	☐ South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)
☐ African or Caribbean descent	☐ Southeast Asian (e.g. Malaysia, Indonesia, Vietnam
☐ Caucasian	☐ East Asian (e.g. China, Japan, Korea, Taiwan)
☐ Filipino	☐ Other ethnic group not listed above, please specify:
☐ Jewish	_____

3) How old were you when you started smoking cigarettes regularly? _____ yrs old

4) Are you still smoking now?

☐ **YES:** If you are still smoking now, were there times longer than a year when you did not smoke? ☐ **Yes** ☐ **No** If *YES* for how many years? _____yrs

☐ **NO:** Between the time you started smoking and finally quit smoking, were there periods longer than a year when you did not smoke? ☐ **Yes** ☐ **No** If *YES* for how many years? _____yrs

5) If you are not currently smoking, how old were you when you stopped? _____ yrs old

6) On average, when you smoke(d), how many cigarette(s) a day do/did you smoke? _____ cigs/day

7 a) Have you ever been diagnosed with any cancer(s)? Do not include cancers of the skin *other than* melanoma.
1. Ever ☐ **Yes** ☐ **No** 2. In the last 5 years ☐ **Yes** ☐ **No**

b) Have you had any treatment for any type of cancer(s)? Do not include cancers of the skin *other than* melanoma.
1. In the last 5 years but not currently ☐ **Yes** ☐ **No** 2. Currently (that is, on active treatment now) ☐ **Yes** ☐ **No**

c) Have you ever been diagnosed with lung cancer? ☐ **Yes** ☐ **No**

8) Were any of your *blood relatives* (mother, father, children, siblings, including half-sisters and half-brothers) ever diagnosed with lung cancer? ☐ **Yes** ☐ **No**

9) What is the highest level of education you have completed?

☐ Grade 8 or less ☐ Grade 9 to Grade 11 ☐ High School Graduate ☐ Technical/Vocational School Certificate
☐ Some College/University ☐ University Graduate ☐ Post Graduate/Professional Degree

10) Have you had a CT scan of your chest within the last 2 years? ☐ **Yes** ☐ **No**

11) Has a physician ever told you that you have or had any of the following medical conditions?
COPD ☐ **Yes** ☐ **No** Emphysema ☐ **Yes** ☐ **No** Chronic Bronchitis ☐ **Yes** ☐ **No**