ASANTE®
Physician Partners

Pulmonary Consultants & Sleep Specialists
555 Black Oak Drive, Suite 300
Medford, OR 97504
Phone: (541) 789-8100 * Fax: (541) 789-8101

Lung Cancer Screening Patient Referral Form

Date: _____ Referring provider _____

Your office phone: _____ Fax: _____

Patient's full name_____ DOB: _____

Please attach the patient's demographic sheet and copies of insurance cards or provide the information below:

Daytime contact phone numbers (home/work/cell): _____

Primary insurance: _____ Secondary insurance: _____

***Please indicate diagnosis*:**

Z87.891 – Personal history of nicotine dependence

***Please answer the following*:**

1. Is the patient between the ages of 55-77? ☐ Yes ☐ No
2. Does the patient have other co-morbid conditions or poor functional status that would preclude standard therapies for lung cancer? ☐ Yes ☐ No
3. Has the patient had a CT chest within the past 12 months (not including this CT scan)? ☐ Yes ☐ No
4. What is the actual pack-year history? _____ (Example: 2 packs per day for 15 years = 30)
5. Current smoker? ☐ Yes ☐ No
   If no, number of years since quitting smoking: _____

Lung cancer screening counseling and shared decision making:

This is a CMS requirement and must be completed prior to ordering the low-dose CT (LDCT). This can be done one of two ways:

1. Referring provider completes the required counseling and shared decision making, appropriately documents this in the patients chart and orders the LDCT. (Please send us a copy of the chart note and LDCT order.)
2. Direct referral to us and we will schedule an office visit and order the LDCT.

Lung cancer screening counseling and shared decision making will be provided by:

☐ Referring provider ☐ APP pulmonary provider

Thank you for your referral.
If you have any questions, please call our Nurse Care Coordinator at (541) 789-4444.