

## **Lung Screening Program: LDCT Scan Referral Form**

Patients who have a primary care provider can self-refer to the program if they meet the inclusion criteria (outlined in STEP 2). Please have them call the Lung Screening Program at 1-877-717-5864, a referral form is not needed. Otherwise, please complete this form for any patients who you consider may experience barriers to self-referral (e.g. language barrier, screening hesitancy).

If you would like more copies of this referral form, please visit BC Cancer's Health Professionals page at: www.screeningbc.ca/health-professionals.

LAST NAME
OTHER HEALTH NUMBER (E.G. REFUGEE, MILITARY)
SEX F M X
CITY/TOWN PROVINCE POSTAL CODE
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ALTERNATIVE TELEPHONE NUMBER
PREFERRED LANGUAGE(S) ADDITIONAL NOTES
INELIGIBLE FOR LUNG SCREENING
A patient with the following should not be referred for lung screening:
Have been diagnosed with lung cancer;
Are under surveillance for lung nodules;
Have had hemoptysis of unknown cause or unexplained
weight loss of more than 5 kg in the past year*; or,
<ul> <li>Are currently undergoing diagnostic assessment, treatment or surveillance for life-threatening conditions (e.g. a cancer with</li> </ul>
a poor prognosis or on home oxygen therapy for severe lung
disease as assessed by the referring physician).
* People with these symptoms should receive appropriate
diagnostic investigation and consultation.
MSC#
the program can only send results to ONE provider, either GP/NP or specialist, not both.
REFERRAL DATE (YYYYMMDD)

Fax Form to BC Cancer Lung Screening: 1-604-877-6115

## Patients will be contacted by a Navigator to confirm lung screening eligibility.

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