

GP Requesting Template CT Lung

Which CCG Group are you part of:	NNE	VALID FOR USE
	NW	VALID FOR USE
	Rushcliffe	VALID FOR USE
	City	VALID FOR USE

Is the patient over 40?	Yes-continue with referral
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No- do not continue

Smoking history	Current smoker-continue
	Ex-smoker-continue
	Non –smoker- do not continue
LMP status (28 day rule for women aged 12-55):-N/A: reason why/free text	

Date:

Has the patient had a CT within last 2 years with a referral to Chest Physician?	
Yes - do not continue	No -continue
Has a chest x-ray been completed: Yes-continue	
No- do not continue	
Is it normal? Yes/No (if yes continue to Clinical details section)	

Clinical Details: at least one must be selected before continuing

Criteria	Tick all that apply	NICE guideline 27 reference
Unexplained dyspnoea, persistent		1.3.2
Resolved haemoptysis (minor – small streaks or small clots)		1.3.2
Cough, persistent (inc dates)		1.3.2
Unexplained changes in existing symptoms in patients with underlying chronic respiratory problems		1.3.6
High suspicion of lung cancer		1.3.7
None of the above- DO NOT CONTINUE		

eGFR –if known	
Communication/mobility requirements:	Yes free text
	No
Any allergies:	Yes-free text for details
	No
Insert free text box for additional comments	