Australian Government

ELIGIBILITY AND ENROLMENT

NATIONAL LUNG CANCER SCREENING PROGRAM

What is this form for

This form is used to assess patient eligibility and enrol participants in the National Lung Cancer Screening Program. The collected information will be submitted to the National Cancer Screening Register (NCSR).

Filling in this form

- Fill in all mandatory fields marked with an asterisk (*).
- Use a black or blue pen and write in BLOCK LETTERS.

Submitting this form

Electronic	To complete this form electronically, access it via your integrated Clinical Information Software or the NCSR Healthcare Provider Portal. For assistance accessing the Healthcare Provider Portal, call **1800 627 701**. You can also book a time to receive a call back: www.ncsr.gov.au/support
Hardcopy	Access this form at www.ncsr.gov.au/lung/healthcare-providers **Return it via:** • **Free fax:** 1800 154 854 • **Mail to:** National Lung Cancer Screening Program Reply Paid 94632 SUNSHINE VIC 3020

Privacy

In accordance with the relevant requirements of the Privacy Act 1988 (Cth), patients are made aware that healthcare providers may collect and disclose their personal information to the NCSR. You are authorised to collect and disclose your patient's personal information under the National Cancer Screening Register Act 2016.

The NCSR is authorised to collect information about you and other healthcare providers from Services Australia and others for the purpose of verifying your identity and communicating with you. The NCSR also collects information directly from you. Your personal information may be disclosed to a range of agencies or organisations, including State and Territory Health Departments, Australian Government agencies and where you have agreed or where it is authorised or required by law or court or tribunal order.

For further information on the NCSR privacy policy, visit www.ncsr.gov.au/privacy.

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1 Patient details

Please provide patient details below

Medicare or DVA number *

Family name *

Given name(s) *

Date of birth * (DD/MM/YYYY) / /

Gender * ☐ Male ☐ Female ☐ Other

Postal address *

Suburb / Town / City *

State / Territory * Postcode *

Is your patient of Aboriginal or Torres Strait Islander origin? *

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Prefer not to answer

What is your patient's country of birth? *

What is your patient's preferred language spoken at home? *

Does your patient need an interpreter service to understand English? * ☐ Yes ☐ No

2 Eligibility and participation

Please complete the patient eligibility and participation details for the Register

To be eligible for the National Lung Cancer Screening Program your patient must meet the following criteria:

- 50 - 70 years old
- Current or former smoker (<10 years since cessation)
- At least a 30 pack year smoking history
- No signs or symptoms indicative of lung cancer

Is the patient eligible based on the criteria above? *
If no, go to section 4 – Provider Details
☐ Yes ☐ No

Please provide the patient with the National Lung Cancer Screening Program privacy information notice

Has the patient declined to participate in the NLCSP?
If yes, go to section 4 – Provider Details
☐ Yes ☐ No

If your patient declines to have their data stored in the NCSR they will still be able to claim the MBS items, however:

- The NCSR will not receive any of their screening results
- The NCSR will not send them any correspondence

Has your patient declined to have their data stored in the NCSR?
If yes, go to section 4 – Provider Details
☐ Yes ☐ No

If your patient suspends NCSR contact, they will remain a program participant however they will not receive correspondence (including invitations to screen and follow up reminders).

Does the patient want to suspend their NCSR contact? ☐ Yes ☐ No

As page 3 may become separated from page 2, repeat patient Medicare/DVA number here:

Medicare or DVA number *

Your patient may have temporary criteria preventing a low-dose CT (LDCT) scan such as but not limited to:

- Weight exceeds restrictions of CT scanner (200kg).
- Unable to lie flat and hold hands above head for the scan.
- Intercurrent lung condition e.g. pneumonia or bronchitis.
- Full thoracic CT scan within last 12 months or planned for clinical reasons in the next 3 months.
- If an intercurrent lung condition is present the LDCT scan must be delayed a minimum of 12 weeks.

Is your patient suitable for LDCT? *
If yes, go to section 3 – Smoking cessation ☐ Yes ☐ No

If your patient is temporarily unsuitable for an LDCT scan, please nominate a date for when they will resume screening and receiving NCSR reminders. If no date is selected, the patient will need to have their participation in the National Lung Cancer Screening Program resumed by their healthcare provider in order to receive NCSR reminders.

Date patient can resume screening (DD/MM/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

3 Smoking cessation and clinical history

Please provide smoking cessation support information and patient history of lung cancer

Has smoking cessation support been offered to your patient? ☐ Yes ☐ No ☐ N/A (former smoker)

If 'Yes', what type of smoking cessation support has been offered? (Please check all that apply)

☐ Referral to Quitline
☐ Comprehensive intervention led by GP
☐ Pharmacological management e.g. Varenicline
☐ Brief intervention led by GP
☐ Scheduled another appointment to discuss
☐ Other – *Please specify below*

Other type of smoking cessation support offered: _____

Does your patient have a family history of lung cancer? ☐ Yes ☐ No ☐ Unknown

4 Provider details

Write your name and provider number OR place your stamp in the box. Complete the date of consultation.

Provider number *

Family name *

Given name

Work telephone Mobile telephone

Are you in an Aboriginal Community Controlled Health Organisation? * ☐ Yes ☐ No

Date of consultation * (DD/MM/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

Provider stamp