



## What is this form for

This form is used to update the National Cancer Screening Register (NCSR) with details of the patient's follow-up visit after receiving LDCT results, ensuring appropriate management within the National Lung Cancer Screening Program.

## When to use this form

Healthcare providers must submit this form after a patient's post-LDCT consultation to update the NCSR with screening outcomes and inform the next steps in the screening pathways.

## 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

<b>Electronic</b>	<p>To complete this form electronically, access it via your integrated Clinical Information Software or the NCSR Healthcare Provider Portal.</p> <p>For assistance accessing the Healthcare Provider Portal, call <b>1800 627 701</b>.</p> <p>You can also book a time to receive a call back: <a href="http://www.ncsr.gov.au/support">www.ncsr.gov.au/support</a></p>
<b>Hardcopy</b>	<p>Access this form at <a href="http://www.ncsr.gov.au/lung/healthcare-providers">www.ncsr.gov.au/lung/healthcare-providers</a></p> <p><b>Return it via:</b></p> <ul style="list-style-type: none"> <li>• <b>Free fax:</b> 1800 154 854</li> <li>• <b>Mail to:</b> National Lung Cancer Screening Program Reply Paid 94632 SUNSHINE VIC 3020</li> </ul>

## 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](http://www.ncsr.gov.au/privacy).



## 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
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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

**IMPORTANT:** Only complete this question if your patient is exiting the program

Has the patient become ineligible during the course of their participation in the program, withdrawn during consult, or received a cancer diagnosis?

Has become ineligible	Diagnosed with primary lung cancer
Patient withdrew during consult (opt out)	Diagnosed with secondary lung cancer

If Yes to any of the above, go to Section 4 – Provider details

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? \*                      Yes                      No

If yes, go to section 3 – Smoking cessation



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

Medicare or  
DVA number \*

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

Please provide smoking cessation support information:

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)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Referral to Quitline         | <input type="checkbox"/> Comprehensive intervention led by GP     | <input type="checkbox"/> Pharmacological management e.g. Varenicline |
| <input type="checkbox"/> Brief intervention led by GP | <input type="checkbox"/> Scheduled another appointment to discuss | <input type="checkbox"/> Other – <i>Please specify below</i>         |

Other type of smoking cessation support offered:

### 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 box