



**TEMPLETON  
IMAGING, Inc.**

262 Posada Lane, Suite C  
Templeton, CA 93465

**Selma Carlson  
Diagnostic Center**

77 Casa Street, Suite 102  
San Luis Obispo, CA 93405

**CT LUNG SCREENING**

**Patient Name:** \_\_\_\_\_

**X-ray Number:** \_\_\_\_\_

**Patient Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Smoker?**    \_\_\_ Yes    \_\_\_ No    **If yes, for how long?** \_\_\_\_\_

**Have you had a previous chest X-Ray or CT scan?**    \_\_\_ Yes    \_\_\_ No

**If yes, where?** \_\_\_\_\_

**Have you ever been diagnosed with the any of the following..**

**Coccidioidomycosis (Valley Fever)?**    \_\_\_ Yes    \_\_\_ No

**Tuberculosis?**    \_\_\_ Yes    \_\_\_ No

**Other lung disease?**    \_\_\_ Yes    \_\_\_ No

**If yes, explain:** \_\_\_\_\_

\_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_